Patient Discharge Data
File Documentation
January-December 2005

PUBLIC VERSION

COMMA-DELIMITED TEXT FORMAT

CD-ROM

July 2006

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INTRODUCTION

Patient Discharge Data: Public Patient-Level Dataset

The California Office of Statewide Health Planning and Development (OSHPD) provides a public dataset of the Patient Discharge Database available for purchase on compact disc (CD). The data are made available by OSHPD once it has been screened by the automated reporting software and corrected by the individual hospitals. The public patient-level dataset (based on California's definitions as opposed to National Standards) includes patient demographic variables and clinical information.

The public dataset is comprised of a record for each inpatient discharged from a California licensed hospital. These hospitals include: General Acute Care, Acute Psychiatric, Chemical Dependency Recovery, and Psychiatric Health. (Note: the only exceptions are records not reported by some California State Hospitals; see the State Hospitals discussion on page four.)

The patient discharge dataset is available for discharges in each calendar year. The data on CD-ROM are stored on one CD containing three zipped data files and a full set of documentation files. The discharge records are divided into three sets by the geography of the reporting hospitals. One file contains discharge records from hospitals in Los Angeles County, another file contains hospital discharges from the seven other counties in Southern California and the third file contains discharges from hospitals in the remaining 50 Northern California counties.

Only brief descriptions are given for data elements. For more detailed descriptions, please refer to the California Inpatient Data Reporting Manual at www.oshpd.ca.gov/MIRCal/programs/IP/PDSManual.htm. Additional information can also be found on the Laws & Regulations page at www.oshpd.ca.gov/MIRCal/aboutMircal/laws.htm.

MASKED VARIABLES

To protect patient confidentiality, those records with unique combinations of a select set of demographic variables will have one or more of those variables masked for de-identification. Each unique record will have the minimum number of fields masked to ensure it is no longer identifiable. Hospital ID is one of the variables considered for unique combinations but is never masked.

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The variable masking will occur in the following order:

ORDER OF MASKING	DATA FIELDS SUBJECT TO MASKING
1st	Age in years (on admission date)
2nd	Ethnicity
3rd	Race
4th	Sex
5th	Age Category 20 (20 Age Categories)
6th	Age Category 5 (5 Age Categories)
7th	Admission Quarter
8th	Patient ZIP Code (5-digit)*
9th	Patient's County of Residence**
10th	Patient ZIP Code (3-digit)*
	Five-digit ZIP will be masked to three-digits; if record is still identifiable, ZIP Code will be totally masked with an asterisk.
	**Small patient counties with total populations of 30,000 or less are grouped into 3 categories: Central (CE), Northeastern (NE), and Northwestern (NW). Ten counties were grouped in 2003: Central: Alpine, Inyo, Mariposa, Mono; Northeastern: Modoc, Plumas, Sierra; Northwestern: Colusa, Glenn, and Trinity.*

Data Fields Public Discharge Dataset January – December 2005	Percent Remaining Unmasked For Variables Subject to Masking
Hospital Identification Number	100.0%
Type (level) of Care	
Age in Years	53.6%
Age (20 Categories)	86.7%
Age (5 Categories)	93.2%
Sex	81.8%
Ethnicity	69.8%
Race	73.7%
ZIP Code (5 digits masked to 3 digits)	98.3%
ZIP Code (3 digits masked to asterisk)	99.6%
County of Patient's Residence (or Small County Groups)	99.99%
Admission Quarter	96.6%

General assistance is available by calling OSHPD's Healthcare Information Resource Center at (916) 322-2814, or by visiting our Web site at www.oshpd.ca.gov.

IMPORTING NOTES

The fields listed below contain numeric codes, which are not numeric values; most PC software will treat these fields as numeric values unless formatted otherwise. Thus, when importing the data into your software, these fields should be formatted as text or alphanumeric to retain the leading and trailing zeros. Also, when a text variable is masked, the field value is replaced with an asterisk, which can cause errors if it is imported as a numeric value.

- OSHPD - Hospital Identification Number
- Age 20 Category and Age 5 Category Fields
- Sex
- Ethnicity
- Race
- Patient ZIP Code
- Patient's County of Residence
- Admission Quarter
- Expected Principal Source of Payment – Plan Code Number
- MDC
- DRG
- **All** diagnosis code fields (principal and other)
- **All** procedure code fields (principal and other**)**

It is especially important that all Diagnosis and Procedure code fields be formatted as "text." These fields are comprised of ICD-9-CM codes, some of which begin with alpha characters that cannot be read if not formatted as text. Also, many ICD-9-CM codes have leading and/or trailing zeros. For example, the ICD-9-CM code for *Salmonella Gastroenteritis* is "003.0." If it is not formatted as text, it will appear as "3," which is the numeric value, but is not the valid diagnostic code for *Salmonella Gastroenteritis.*

It is not absolutely essential, but is recommended, to retain leading zeros in the other codes that contain leading zeros (Hospital Identification Number, Patient's County of Residence, MDC, DRG and Payer Plan Code Number). When these fields are formatted as "text," the number of digits in each respective field will then remain constant. For example, Alameda County will then appear as "01," rather than "1," and will contain two digits like the other 2-digit county codes (Fresno through Yuba, 10 through 58, respectively).

Comma-Delimited Data Format:

In the comma-delimited set, the length of each field and the length of each record will vary according to the data reported. To assist you in using the comma-delimited patient-level datasets, a header row identifying each data element is provided in the position of the first record. Each data element is separated by a comma and is defined and described in this documentation. Appendix H is an additional guide to the comma-delimited data, though the beginning and ending positions listed are irrelevant. Also "Field Length" represents the maximum length of each field.

Fields with no data will have consecutive delimiters (commas). Most PC software will have no difficulty with consecutive delimiters. However, some software packages may handle consecutive delimiters as a single delimiter and adjustments will need to be made.

Note: It is possible for some invalid values to remain in the database "as reported" by the hospital, due to error tolerance levels.   This means that for some observations, you may find blank values, invalid alpha characters in numeric fields, out-of-range numeric values, etc. For information on error tolerance levels, refer to the MIRCal Inpatient Edit Flag Description Guide at www.oshpd.ca.gov/MIRCal/programs/IP/patmanuals/editprog/EditProgramGuide.pdf

FACILITY EXCEPTIONS

State Hospitals:

Through the first half of 1989, the database included twelve state hospitals. As of July 1989, the eleven hospitals operated by the Department of Mental Health or the Department of Developmental Services, serving mentally disordered and developmentally disabled patients, no longer report discharge data. The twelfth, the Veterans Home of California, Nelson M. Holderman Memorial Hospital, in Yountville has continued to report discharge data. Records from this hospital can be located using the Hospital Identification Number "281297."

Psychiatric Health Facilities:

Psychiatric Health Facilities, which provide care in licensed Acute Psychiatric beds, are subject to the same reporting requirements as other California hospitals. This type of hospital was first licensed in California in 1988. Patient discharge data for 1989 and for January through June 1990 included data from six Psychiatric Health Facilities; data for July through December 1990 include data from all but one of the 16 licensed Psychiatric Health Facilities. By 1991, all of these facilities were reporting their patient discharge data.

Modifications and Non-Compliant Facilities:

Some hospitals have applied for and been granted "modifications" to standard Patient Discharge Data reporting requirements. Other hospitals were unable to complete specific fields as required and were deemed "non-compliant" at the time of reporting. See Appendix D (Data Exceptions) for a listing of all non-compliant hospitals and those with approved modifications and their affected variables.

Formerly Freestanding Facilities on Parent Facility Licenses (Consolidated Licensure):

Beginning in the mid-1980s, via the Consolidated Licensure Act, the Department of Health Services began merging formerly separately licensed hospitals and nursing homes onto the licenses of "parent" hospitals. To become "Consolidated," certain conditions had to be met, including common ownership and medical staff, and the locations had to be within 15 miles. Beginning in the 1990s, formerly separately licensed locations (including some existing consolidated satellite locations) now appear as "Distinct Part Facilities" on their parent facility's license.

Appendix F, Hospital Listing, lists all patient discharge data "reporting entities." For "Consolidated" reporting entities, the "Facility Name" is plural (e.g., Medical Centers, Hospitals), and the numbers of consolidated locations are displayed. (The ZIP codes and counties noted each belong to the parent location. Some "Consolidations" cross county boundaries.)

As each set of consolidated locations shares the same license, they also share the same license number. To view specific licenses, on the Internet, go to the OSHPD ALIRTS page, www.alirts.oshpd.ca.gov. At the first ALIRTS screen, enter the license number, facility name, or OSHPD_ID number in the search window and click "Search." At the next screen, click on "View License." (Also, at this screen you can click on "View Reports" to see their most recent Annual Utilization data submitted.)

The discharges reported for each single, parent, and satellite facility is unique to that location. The only merged sets of discharges are those noted as "Consolidated Facilities."

VARIABLE CHANGES OVER TIME

Hospital Identification Number:

    The first six characters of each record contain the "Hospital Identification Number." Beginning with data reported for 1995, this former nine-digit hospital identification number was shortened to six digits. The former first digit, that indicated the type of care reported, has been made a separate data element (Type of Care) and is described below. The former filler number "06" (2nd and 3rd digits) has been dropped. Thus the hospital identification number now consists of six digits. The first two indicate the county number and the last four are unique to a facility within each county.

Type of Care:

    The second field on each record is a single digit field that describes the "Type of Care" ("Level of Care" in 1995 and 1996) from which the patient was discharged. See Type of Care codes and labels on page 9.

    Beginning with 1997 data, hospitals were required to report one of five Types of Care for each discharge. Historically, for the 1995 and 1996 data years, hospitals were required to assign, to each discharge, one of three Levels of Care ("3" for Long Term Care, "6" for Rehabilitation Care and "1" for all other types of care). Prior to 1995, discharges were optionally reported in sets, by one of the five Types of Care. Most hospitals chose to include all discharges, regardless of the type of care, in one set (usually acute care).

Note: there has never been a Type of Care or Level of Care code "2."

HISTORICAL SUMMARY OF FORMAT AND CONTENT CHANGES PATIENT DISCHARGE DATA COLLECTION PROGRAM	
DATA ITEM:	**ACTION / EFFECTIVE DATE:**
E-Code	Added - July 1990
Social Security Number	Added - July 1990
Record Linkage Number (Encrypted SSN)	Added - July 1990
ZIP Code for Homeless (ZZZZZ)	Added - November 1993
Hospital Identification Number (from 9 to 6 digits)	Changed - January 1995
Level of Care (*see Type of Care, below*)	Added - January 1995
Ethnicity/Race	Changed - January 1995
Source of Admission	Expanded - January 1995
Type of Admission	Changed - January 1995
Procedure Dates (for all reported procedures)	Added - January 1995
Patient Disposition	Expanded - January 1995
Expected Source of Payment:	Changed - January 1995
	Expanded - January 1999
Principal Diagnosis-Condition Present at Admission	Added - January 1996
Other Diagnoses-Condition Present at Admission	Added - January 1996
Type of Care (*formerly Level of Care*)	Changed - January 1997
Pre-hospital Care & Resuscitation (Do Not Resuscitate)	Added - January 1999

MISSING/INVALID DATA VALUES

Invalid or missing values (submitted below the error tolerance level) are defaulted to "unknown." The table below displays default numbers and percentages.

Default Status	Numbers of Records	Percent of Records
Not Defaulted	3,981,420	99.78%
One Variable Defaulted	8,326	.21%
Multiple Variables Defaulted	509	.01%

Other data exceptions are listed by hospital in *Appendix D, Data Exceptions.*

For information on error tolerance levels, please refer to the MIRCal Inpatient Edit Flag Description Guide at www.oshpd.ca.gov/MIRCal/programs/IP/patmanuals/editprog/EditProgramGuide.pdf.

HOSPITAL IDENTIFICATION NUMBER

FIELD NAME: OSHPD_ID

DEFINITION: A unique six-digit identifier assigned to each facility by the Office of Statewide Health Planning and Development. The first two digits indicate the county in which the hospital is located. The last four digits are unique within each county.

CODES, CATEGORIES AND COMMENTS:

  <u>99</u>   = 01-58 = County Codes (see Appendix A) – first two digits.
  <u>9999</u>   = 0001-9999 = Unique Hospital Identifier (within county) – last four digits.

VARIABLE TYPE: Text /Alpha-numeric

VARIABLE LENGTH: 6

TYPE OF CARE

FIELD NAME: TYP_CARE

DEFINITION: Defined by the California Health and Safety Code, this refers to the licensure of the bed occupied by an inpatient. The types of care are documented on the official license issued by Licensing and Certification of the California State Department of Health Services.

CODES, CATEGORIES AND COMMENTS:

Code	Category	Licensed Bed Classification
1 =	Acute Care	General Acute Care beds
3 =	Skilled Nursing/Intermediate Care	Skilled Nursing/Intermediate Care (a.k.a. Long-term Care) – Also includes general acute care beds in an approved swing bed program
4 =	Psychiatric Care	Acute Psychiatric beds
5 =	Chemical Dependency Recovery Care	Chemical Dependency Recovery beds
6 =	Physical Rehabilitation Care	Rehabilitation Center beds, a bed designation within the General Acute Care classification.

All other values for Type of Care are not considered valid.

VARIABLE TYPE: Text /Alpha-numeric

VARIABLE LENGTH: 1

AGE IN YEARS (at Admission)

FIELD NAME: AGE_YRS

DEFINITION: Age of patient at time of admission.

CODES, CATEGORIES AND COMMENTS:

Age = Blank
Indicates age has been masked or is unknown (the year of birth is incomplete or unknown and an age of 0 has been assigned).

If the age is truly 0, you can verify further. Newborns are identified with a code 7 in Source of Admission or infants (less than 24 hours old) are coded with a 3 in Type of Admission.

To reduce the need for masking and to protect patient confidentiality; all patients older than 85 will be coded as "85" years of age. This can be considered "85 and older."

Age in years is derived from the reported date of birth on the date of admission.

Age in Years will be the first variable masked (blank) if necessary to de-identify unique patient records. This is the only numeric data element that will be masked; all other variables subject to masking are text variables and contain an asterisk when masked. See page 2 for masking variables.

VARIABLE TYPE: Numeric

VARIABLE LENGTH: 3

AGE (20 AGE CATEGORIES)

FIELD NAME: AGECAT20

DEFINITION: Age range categories based on the patient's age at the time of admission. Twenty age categories.

CODES, CATEGORIES AND COMMENTS:

The following age breakdown was provided in public version B for 1999 and 2000.

CATEGORY	AGE	DEFINITION
01	under 1 year	under 1 year
02	1-4 years	366 days through 4 years
03	5-9 years	5 years through 9 years
04	10-14 years	10 years through 14 years
05	15-19 years	15 years through 19 years
06	20-24 years	20 years through 24 years
07	25-29 years	25 years through 29 years
08	30-34 years	30 years through 34 years
09	35-39 years	35 years through 39 years
10	40-44 years	40 years through 44 years
11	45-49 years	45 years through 49 years
12	50-54 years	50 years through 54 years
13	55-59 years	55 years through 59 years
14	60-64 years	60 years through 64 years
15	65-69 years	65 years through 69 years
16	70-74 years	70 years through 74 years
17	75-79 years	75 years through 79 years
18	80-84 years	80 years through 84 years
19	85 years & over	85 years or greater
00	unknown (0)	Year of birth incomplete or unknown

Age 20 Category will be the 5th variable masked with an asterisk if necessary to de-identify unique patient records. See page 2 for masked variables.

Age 20 Category is calculated from age in years.

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 2

AGE (5 AGE CATEGORIES)

FIELD NAME: AGECAT5

DEFINITION: Five age categories.

CODES, CATEGORIES AND COMMENTS:

CATEGORY	AGE	DEFINITION
01	Under 1 year	Under 1 year
02	1-17 years	1 year through 17 years
03	18-34 years	18 years through 34 years
04	35-64 years	35 years through 64 years
05	65 years & over	65 years or greater
00	Unknown (0)	Year of birth incomplete or unknown

Age 5 Category will be the 6th variable masked if necessary to de-identify unique patient records by replacing age category code with an asterisk. See page 2 for masked variables.

Age 5 Category is calculated from age in years.

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 2

SEX

FIELD NAME: SEX

DEFINITION: This is the gender of the patient.

CODES, CATEGORIES AND COMMENTS:

Code	Category
1	Male
2	Female
3	Other
4	Unknown

All other values for Sex are not considered valid.

"Other" includes sex changes, undetermined sex, and live births with congenital abnormalities that obscure sex identification. "Unknown" indicates that the patient's sex was not available from the medical record.

Sex (gender of the patient) will be the 4th variable masked with an asterisk if necessary to de-identify unique patient records. See page 2 for masked variables.

VARIABLE TYPE: Text /Alpha-numeric

VARIABLE LENGTH: 1

ETHNICITY

FIELD NAME: ETHNCTY

DEFINITION: This code indicates whether or not the patient's ethnicity is Hispanic. This includes a person who identifies with or is of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin.

CODES, CATEGORIES AND COMMENTS:

The single code digit indicates ethnicity and includes:

Code	Category
1	Hispanic
2	Non-Hispanic
3	Unknown

All other values for Ethnicity are not considered valid.

The unknown category includes patients who do not declare ethnicity and one has not been assigned.

Ethnicity of a Newborn – The parent(s) declares the ethnicity of a newborn. If the parent(s) does not declare the newborn's ethnicity, the ethnicity of the mother is reported.

Ethnicity will be the 2nd variable masked with an asterisk if necessary to de-identify unique patient records. See page 2 for masked variables.

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 1

RACE

FIELD NAME: RACE

DEFINITION: This code indicates the patient's racial background.

CODES, CATEGORIES AND COMMENTS:

Code	Category
1	**White** – A person having origins in or who identifies with any of the original Caucasian peoples of Europe, North Africa, or the Middle East.
2	**Black** – A person having origins in or who identifies with any of the black racial groups of Africa.
3	**Native American/Eskimo/Aleut** – A person having origins in or who identifies with any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
4	**Asian/Pacific Islander** – A person having origins in or who identifies with any of the original oriental peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. Includes Hawaii, Laos, Vietnam, Cambodia, Hong Kong, Taiwan, China, India, Japan, Korea, the Philippine Islands, and Samoa.
5	**Other** – Any possible options not covered in the above categories. This included patients who cite more than one race.
6	**Unknown**

All other values for Race are not considered valid.

The unknown category includes patients who do not declare race and one has not been assigned.

Race of a Newborn – The parent(s) declares the ethnicity of a newborn. If the parent(s) does not declare the newborn's ethnicity, the ethnicity of the mother is reported.

For a more detailed list of racial backgrounds included in these categories, please see the California Inpatient Data Reporting Manual at http://www.oshpd.ca.gov/MIRCal/programs/IP/PDSManual.htm.

Race will be the 3rd variable masked with an asterisk if necessary to de-identify unique patient records. See page 2 for masked variables.

VARIABLE TYPE: Text /Alpha-numeric

VARIABLE LENGTH: 1

PATIENT ZIP CODE
FIVE DIGIT OR THREE DIGIT

FIELD NAME: PATZIP

DEFINITION: The ZIP Code of the patient's usual residence (all five digits). This is a unique code assigned to a specific geographic area by the U.S. Postal Service.

CODES, CATEGORIES AND COMMENTS:

> The five digits of the ZIP Code of the patient's usual residence.
>
> If the field is coded with XXXXX, the ZIP Code of the patient's residence is unknown.
>
> If it is coded with YYYYY, the patient is from an area outside the United States.
>
> If it is coded with ZZZZZ, the patient has no residence (homeless).
>
> If the city of residence is known but not the street address, or if the first three digits are the only digits reported, then it is a partial ZIP Code. It will be shown as a 5-digit ZIP code—the first three digits plus '00'. Example: Sacramento, CA 95800. There are no partial ZIP codes in the 2001 or 2002 data.
>
> The ZIP Codes are verified against the list provided by the United States Postal Service (1-800-ASK-USPS or www.usps.com).

The reported ZIP Code will be the 8th variable masked if necessary to de-identify unique patient records to protect patient confidentiality. The Patient ZIP Code can be masked sequentially from 5-digits to 3-digits. If record is still identifiable, the 3-digit ZIP Code will be masked with an asterisk. See page 2 for masked variables.

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 5 (or 3)

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PATIENT'S COUNTY OF RESIDENCE

FIELD NAME: PATCNTY

DEFINITION: The county of residence code is assigned based on the patient's reported ZIP Code*.

CODES, CATEGORIES AND COMMENTS:

Codes: 00-58, CE, NE and NW

01-58 indicates a county in California (see list in Appendix A); 00 indicates that the patient's ZIP code was unknown, outside California, outside the U.S., homeless, or partial.

The data for 2001 is the only data in which some records have a blank patient county, which indicates the patient's ZIP Code was unreported or partial.

To protect patient confidentiality, those counties with populations less than 30,000 are assigned to one of three groups of small counties to de-identify unique patient records. The groups and counties included are:

GROUP	COUNTIES
CE (Central)	Alpine, Inyo, Mariposa and Mono
NE (Northeastern)	Modoc, Plumas and Sierra
NW (Northwestern)	Colusa, Glenn and Trinity

*Note – Using the reported ZIP Code, OSHPD assigns the patient's county of residence. ZIP Codes are designed for mail delivery, not to identify political boundaries. Therefore, some ZIP Codes cross county boundaries. For such ZIP Codes, OSHPD assigns the county with the greatest population in the respective ZIP Code.

Patient's county will be the 9th variable masked with an asterisk if necessary to de-identify unique patient records. It will be masked after 5-digit patient ZIP Code but before 3-digit patient ZIP Code. See page 2 for masked variables.

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 2

LENGTH OF STAY (Days)

FIELD NAME: LOS

DEFINITION: Total number of days from admission date to discharge date of each patient.

CODES, CATEGORIES AND COMMENTS:

The days are calculated by subtracting the Admission Date from the Discharge Date. The length of stay for patients admitted on day one and discharged on day two is counted as one day.

Patients admitted and discharged on the same day yield a calculated length of stay of "0" days. If desired, this requires changing those (same-day admits and discharges) zeros to "ones" before performing average length of stay calculations to achieve more meaningful average length of stay calculations.

The number of days is right justified and zero filled (for fixed-length data format).

If the reported admission or discharge dates are blank or invalid (such as June 31) and is not corrected by the hospital, the entire discharge data record is deleted.

For more information on discharges and transfers, see Disposition of Patient on page 24.

Observation – When an observation patient is admitted to inpatient care, the admission date is reported for the date the patient is admitted to inpatient care.

Emergency Department (ED) – When an ED patient is seen in the ED, remains until the next day and is admitted to inpatient care, the admission date is reported for the date the patient is admitted to inpatient care.

VARIABLE TYPE: Numeric

VARIABLE LENGTH: 5

ADMISSION QUARTER

FIELD NAME: ADM_QTR

DEFINITION: Quarter is assigned based on the patient's admission date to the hospital.

CODES, CATEGORIES AND COMMENTS:

	Code	Quarter
One-digit quarter	1	January-March
	2	April-June
	3	July-September
	4	October-December

Quarter admitted will be the 7th variable masked with an asterisk if necessary to de-identify unique patient records. See page 2 for masked variables.

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 1

ADMISSION YEAR

FIELD NAMES: ADM_YR

DEFINITION: Year is assigned based on the patient's admission date to the hospital.

CODES, CATEGORIES AND COMMENTS:

Admission Year is comprised of first two digits for the century and last two digits for the year.

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 4

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SOURCE OF ADMISSION

FIELD NAME: ADM_SRC

DEFINITION: Effective with discharges on January 1, 1995, the source of admission describes three aspects of the source:

The <u>first digit</u> describes the <u>site</u> from which the patient originated.
The <u>second digit</u> describes the <u>license</u> of site from which the patient originated.
The <u>third digit</u> describes the <u>route</u> by which the patient was admitted.

CODES, CATEGORIES AND COMMENTS:
Site:

Code	Category
1	Home (includes private and group-setting residences, outpatient clinic)
2	Residential Care Facility (includes facilities that provide daily living assistance)
3	Ambulatory Surgery (includes hospital-based and freestanding clinics)
4	Skilled Nursing/Intermediate Care (includes freestanding and hospital-based nursing and intermediate care)
5	Acute Inpatient Hospital Care (includes hospitals that provide medical/surgical care)
6	Other Inpatient Hospital Care (includes hospitals that do not provide medical/surgical care)
7	Newborn*
8	Prison/Jail
9	Other (includes freestanding inpatient hospice facilities and newborns born before admission)

All other values for "Site" are not considered valid.

For a detailed list of definitions for Source of Admission categories, please refer to the California Inpatient Data Reporting Manual at www.oshpd.ca.gov/MIRCal/programs/IP/PDSManual.htm.

"Newborn" source of admission is defined as a "baby born alive in this hospital."

Licensure of Site:

Code	Category
1	This Hospital
2	Another Hospital
3	Not a Hospital

All other values for "Licensure of Site" are not considered valid.

Route:

Code | Category
1 | Your ER
2 | Not Your ER or No ER

All other values for "Route" are not considered valid.

Note: For patients admitted from the ER of another hospital their site code will have a value of 1 (Home).

For a detailed list of definitions for Source of Admission categories, please refer to the California Inpatient Data Reporting Manual at www.oshpd.ca.gov/MIRCal/programs/IP/PDSManual.htm.

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 3

TYPE OF ADMISSION

FIELD NAME: ADM_TYPE

DEFINITION: Effective with discharges on January 1, 1995, the patient's type of admission was reported using one of the categories listed below. The critical distinction is not how, but when the admission was arranged, if known.

CODES, CATEGORIES AND COMMENTS:

Code	Category
1	Scheduled (Scheduled in advance, at least of 24 hours or more prior to admission)
2	Unscheduled (Not scheduled within 24 hours or more prior to admission)
3	Infant, less than 24 hrs old
4	Unknown (Does not include stillbirths)

All other values for Type of Admission are not considered valid.

Preadmission forms filled out by the patient or family and sent (or completed by) to the hospital is not considered a scheduled admission.

A patient with a date of birth two or more days before the admission date is not reported as an infant.

Unknown includes patients whose type of admission cannot be determined as either scheduled or unscheduled.

Records are not generated or submitted to OSHPD for stillborn infants. The occurrence of a stillbirth can be ascertained from the mother's records where the stillbirth event would be reported using the V-Codes V27.1, V27.3, V27.4, V27.6, V27.7.

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 1

DISPOSITION OF PATIENT

FIELD NAME: DISP

DEFINITION: The consequent arrangement or event ending a patient's stay in the reporting facility. An inpatient is considered discharged if they are formally released from the care of the hospital; transfer within the hospital from one type of care to another; transfer to another facility; leave the hospital against medical advice or without a physicians order; are a psychiatric patient who is discharged as away without leave or; have died. Effective with discharges beginning January 1, 1995, the code is reported as one of the following:

CODES, CATEGORIES AND COMMENTS:

    Disposition of Patient:

Code	Category
01	Routine (Home)

Within this Hospital:

Code	Category
02	Acute Care
03	Other Type of Hospital Care
04	Skilled Nursing/Intermediate Care

To Another Hospital:

Code	Category
05	Acute Care
06	Other Type of Hospital Care (not Skilled Nursing/Intermediate Care)
07	Skilled Nursing/Intermediate Care
08	Residential Care Facility
09	Prison/Jail
10	Against Medical Advice
11	Died
12	Home Health Service
13	Other

    All other values for Disposition of Patient are not considered valid.

    For a detailed list of descriptions for the Disposition of Patient categories, please refer to the California Inpatient Data Reporting Manual at:
    http://www.oshpd.ca.gov/MIRCal/programs/IP/PDSManual.htm.

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 2

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PRE-HOSPITAL CARE AND RESUSCITATION
(Do Not Resuscitate)

FIELD NAME: DNR

DEFINITION: This code indicates whether or not there was a "Do Not Resuscitate" order upon admission or within 24 hours of admission from a physician. Effective for discharges on or after January 1, 1999.

CODES, CATEGORIES AND COMMENTS:

A "Do Not Resuscitate" (DNR) order is a directive from a physician in a patient's current inpatient medical record instructing that the patient is not to be resuscitated in the event of a cardiac or pulmonary arrest. In the event of a cardiac or pulmonary arrest, resuscitative measures include, but are not limited to, the following: cardiopulmonary resuscitation (CPR), intubation, defibrillation, cardioactive drugs, or assisted ventilation.

If a DNR order is written at the time of or within 24 hours of patient's admission and is then discontinued at some later time during the patient's hospital stay, the DNR is reported as "Y" for yes.

If a DNR order is written after the first 24 hours of admission, the DNR is reported as "N" for no.

Code   Category

Y = Yes - a DNR order was written at the time of or within the first 24 hours of the patient's admission to the hospital.

N = No - a DNR order was not written at the time of or within the first 24 hours of the patient's admission to the hospital.

All other values for Pre-hospital Care and Resuscitation are not considered valid.

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 1

CALIFORNIA PATIENT DISCHARGE DATA
January-December 2005

EXPECTED SOURCE OF PAYMENT
PAYER CATEGORY

FIELD NAME: PAY_CAT

DEFINITION: This code indicates the category of payer (type of entity or organization) who is expected to pay or did pay the greatest share of the patient's bill. Hospitals may report the most recent source of payment for patients with stays exceeding a year.

CODES, CATEGORIES AND COMMENTS:

Expected Payer Categories			
Code	**Category**	**Code**	**Category**
01	Medicare	06	Other Government
02	Medi-Cal	07	Other Indigent
03	Private Coverage	08	Self Pay
04	Workers' Compensation	09	Other Payer
05	County Indigent Programs	00	Not reported or reported in error

All other values for Payer Category are not considered valid.

- **Medicare** – A federally administered third party reimbursement program authorized by Title XVIII of the Social Security Act. Includes crossovers to secondary payers.

- **Medi-Cal** – A state administered third party reimbursement program authorized by Title XIX of the Social Security Act.

- **Private Coverage** – Payment covered by private, non-profit, or commercial health plans, whether insurance or other coverage, or organizations. Included are payments by local or organized charities, such as the Cerebral Palsy Foundation, Easter Seals, March of Dimes, or Shriners. Automobile insurance payments are also included in this category.

- **Workers' Compensation** – Payment from workers' compensation insurance, government or privately sponsored.

- **County Indigent Programs** – Patients covered under Welfare and Institutions Code Section 17000. Includes programs funded in whole or in part by County Medical Services Program (CMSP), California Healthcare for Indigents Program (CHIP), and/or other Realignment Funds whether or not a bill is rendered.

- **Other Government** – Any form of payment from government agencies, whether local, state, federal or foreign, except those listed above. Includes funds received through California Children Services (CCS), the Civilian Health and Medical Program of the Uniformed Services (TRICARE), and the Veterans Administration.

- **Other Indigent** – Patients receiving care pursuant to Hill-Burton obligations or who meet the standards for charity care pursuant to the hospital's established charity care policy. Includes indigent patients except those in County Indigent Programs.

- **Self Pay** – Payment directly by the patient, personal guarantor, relatives, or friends. The greatest share of patient's bill is not expected to be paid by any form of insurance or other health plan.

- **Other Payer** – Any third party payment not included above. Included are cases where no payment will be required by the facility, such as special research or courtesy patients. Live organ donors are also included in this category.

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 2

EXPECTED SOURCE OF PAYMENT

PAYER TYPE OF COVERAGE

FIELD NAME: PAY_TYPE

DEFINITION   This code indicates the type of coverage (HMO, non-HMO managed care, or Fee-for-Service) for the following: Medicare, Medi-Cal, Private Coverage, Workers' Compensation, County Indigent Programs, and Other Government. No type of coverage for the following: other indigent, self pay, or other payer.

CODES, CATEGORIES AND COMMENTS:

Codes		Category
1	=	Managed Care – Knox-Keene/MCOHS
2	=	Managed Care – Other
3	=	Traditional Coverage
0	=	Not Applicable – For payer categories other than: No coverage, Medicare, Medi-Cal, Private Coverage, Worker's Compensation, County Indigent or Other Government.

Managed Care - Knox/Keene-Medi-Cal County Organized Health System. Healthcare service plans, including Health Maintenance Organizations (HMO), licensed by the Department of Corporations under the Knox-Keene Healthcare Service Plan Act of 1975. Includes Medi-Cal County Organized Health Systems (MCOHS).

Managed Care-Other. Healthcare plans, except those above, which provide managed care to enrollees through a panel of providers on a pre-negotiated or per diem basis, usually involving utilization review. Includes Preferred Provider Organization (PPO), Exclusive Provider Organization (EPO), Exclusive Provider Organization with Point-of-Service option (POS). This applies to all non-HMO managed care.

Traditional Coverage. All other forms of healthcare coverage, including the Medicare prospective payment system, indemnity or fee-for-service plans, or other fee-for-service payers.

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 1

EXPECTED SOURCE OF PAYMENT

PAYER PLAN CODE NUMBER

FIELD NAME:　　　　　　　PAY_PLAN

DEFINITION　　　　　　　　This four-digit code number refers to the name of those plans which are licensed under the Knox-Keene Healthcare Service Plan Act of 1975 or designated as a Medi-Cal County Organized Health System (MCOHS).

CODES, CATEGORIES AND COMMENTS:

The Plan code number represents the name of the Knox-Knee licensed plan within California or the Medi-Cal County Organized Health System. See Appendix I for the plan code names and numbers.

If the Payer Plan Code field is not applicable, determined by Type of Coverage, the Plan Code is zero filled (i.e., assigned a value of "0000").

Due to timing differences, Knox-Keene plans may be licensed and data reported, before OSHPD system is updated. These valid Knox Keene plans for which there is not yet a payer plan code in the OSHPD documentation can be reported using the number 8000. This prevents the unrecognized code from being defaulted to 0000, which is assigned for payer types that do not have a plan code.

Only values for Payer Plan, listed in Appendix I, are considered valid.

If the plan **code numbers** are the **same** and the **plan names** are different, it means they belong to the same "parent" plan.

VARIABLE TYPE:　　　　　　Text/Alpha-numeric

VARIABLE LENGTH:　　　　　4

TOTAL CHARGES

FIELD NAME: CHARGE

DEFINITION: Total Charges include all charges for services rendered during the length of stay for patient care at the facility, based on the hospital's full established rates (before contractual adjustments).

CODES, CATEGORIES AND COMMENTS:

Charges include, but are not limited to, daily hospital services, ancillary services and any patient care services. Hospital-based physician fees are excluded. Prepayment (e.g., deposits and prepaid admissions) are not deducted from Total Charges.

If a patient's length of stay is more than 1 year (365 days), Total Charges are reported for the last year (365 days) of stay only. To calculate Adjusted Total Charges for stays over one year use the following formula:

      (Total Charges / 365 days) x Length of Stay = Adjusted Total Charges

Total Charges are expressed in whole dollars. However, there is a specific meaning attached to the three values of "total charges," below:

Where total charges equal 1 - the "1" is a code meaning that there were <u>no</u> ($0) charges generated for the hospital stay (and was verified by the hospital). Prior to 2004, all discharges from Shriners Hospital – Los Angeles were coded as "1" because they did not charge their patients. Programming note - the "1" allows the aggregation of all discharges with "valid total charges" by selecting those with total charges greater than zero.

Where total charges equal 0 - the "0" is a code meaning that there was a charge, but that the amount of the charge could not be reported by the hospital. This code means the reported values were blank or otherwise invalid. This includes all Kaiser Foundation Hospitals which report a "0" for Total Charges as they are exempted from reporting total charges because they do not charge specifically for an inpatient stay. Rather, they receive a constant monthly (capitated) payment from each member, whether or not that member is hospitalized, or whether or not that member received outpatient care.

Where total Charges equal 9999999 -The total charge of "9999999" indicates the actual charges exceed the seven digit field size utilized by the hospital or designated agent.

Note on discrepancies – Beginning in 2002, Shriners Hospital - Northern California began coding all Total Charges as $0, because they do not charge their patients. Beginning in 2004, Shriners Hospital – Los Angeles did the same. Unfortunately, this is inconsistent with the coding scheme. Their Total Charges now appear as invalid or missing data with the code of "0."

For detailed information on Charges, please refer to the California Inpatient Data Reporting Manual at www.oshpd.ca.gov/MIRCal/programs/IP/PDSManual.htm.

VARIABLE TYPE: Numeric

VARIABLE LENGTH: 7

EXTERNAL CAUSE OF INJURY – PRINCIPAL E-CODE

FIELD NAME: ECODE_P

DEFINITION: The external cause of injury consists of the ICD-9-CM codes E800-E999 (E-Codes) that are codes used to describe the external causes of injuries, poisonings, and adverse effects. If the information is available in the medical record, E-Codes sufficient to describe the external causes are reported for discharges with a principal and/or other diagnoses classified as injuries or poisonings in Chapter 17 of the ICD-9-CM (800-999), or where a code from Chapters 1-16 of the ICD-9-CM (001-799) indicates that an additional E-code is applicable. The reporting of E-Codes in the range E870-E879 (misadventures and abnormal reactions) is not required. The principal E-Code is reported for the inpatient hospitalization during which the injury, poisoning, and/or adverse effect was first diagnosed and/or treated.

To assure uniform reporting of E-Codes, when multiple codes are required to completely classify the cause, the first (principal) E-code will describe the mechanism that resulted in the most severe injury, poisoning, or adverse effect.

CODES, CATEGORIES AND COMMENTS:

The reporting of external cause of injury was effective for discharges on or after July 1, 1990.

For reporting scenarios of External Cause of Injury, please refer to the California Inpatient Data Reporting Manual at www.oshpd.ca.gov/MIRCal/programs/IP/PDSManual.htm.

CODE STRUCTURE (examples):

Content of Field: E9068 Would be read as: E906.8
Content of Field: E899   Would be read as: E899.
(Implied decimal is read after the first four positions.)

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 5

EXTERNAL CAUSE OF INJURY - OTHER E-CODES

FIELD NAME: ECODE1, ECODE2, ECODE3, and ECODE4

DEFINITION: The external cause of injury consists of the ICD-9-CM codes E800-E999 (E-Codes) that are codes used to describe the external causes of injuries, poisonings, and adverse effects. If the information is available in the medical record, E-codes sufficient to describe the external causes are reported for discharges with a principal and/or other diagnoses classified as injuries or poisonings in Chapter 17 of the ICD-9-CM (800-999), or where a code from Chapters 1-16 of the ICD-9-CM (001-799) indicates that an additional E-code is applicable. The reporting of E-Codes in the range E870-E879 (misadventures and abnormal reactions) is not required. An E-Code is reported for the inpatient hospitalization during which the injury, poisoning, and/or adverse effect was first diagnosed and/or treated.

If the principal E-Code does not include a description of the place of occurrence of the most severe injury, or poisoning, an additional E-Code is reported to designate the place of occurrence, if available in the medical record. Place of occurrence is coded as E849.0 - E849.9. Up to three additional E-codes are reported, if necessary to completely describe the mechanism(s) that contributed to, or the causal events surrounding, any injury or poisoning, or adverse effect.

CODES, CATEGORIES AND COMMENTS:

The reporting of external cause of injury was effective for discharges on or after July 1, 1990.

For reporting scenarios of External Cause of Injury, please refer to the California Inpatient Data Reporting Manual at www.oshpd.ca.gov/MIRCal/programs/IP/PDSManual.htm.

CODE STRUCTURE (examples):

Content of Field: <u>E9068</u> Would be read as: <u>E906.8</u>
Content of Field: <u>E899 </u> Would be read as: <u>E899.</u>
(Implied decimal is read after the first four positions.)

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 5

MAJOR DIAGNOSTIC CATEGORY
(MDC)

FIELD NAME: MDC

DEFINITION: MDCs are mutually exclusive categories containing all possible principal diagnosis areas. The diagnoses in each MDC correspond to a single major organ system or etiology, and in general are associated with a particular medical specialty. Some MDCs are residual categories containing diseases or disorders that could not be assigned to an organ system-based MDC. OSHPD purchases the DRG Grouper software from Centers for Medicare and Medicaid Services (CMS) contractor, 3M® Health Information Systems.   CMS implements revisions to the DRG Grouper software effective October 1, the start of the Federal fiscal year for the Medicare Prospective Payment System. OSHPD implements the same software effective with discharges from the beginning of the following calendar year. For example, DRG Grouper Version 22.0, which was implemented by CMS on October 1, 2004, is the DRG Grouper applied to OSHPD's calendar year 2005 patient discharge data.

The MDC is based on the principal diagnosis. The MDC is given "00" for records where the principal diagnosis is not an existing ICD-9-CM code or where OSHPD's sex code 3 or 4 is not recognized by the DRG grouper.

Note: Beginning with 1993 data, new codes after October 1, are "mapped" by OSHPD's own mapping logic system to the closest equivalent ICD-9-CM code recognized by the DRG Grouper Version for that calendar year and assigned to an MDC based on that DRG Grouper Version's logic.

CODES, CATEGORIES AND COMMENTS:

Codes: 00-25

MDC 00 is OSHPD's label for records that could not be assigned to MDCs 01-25 by the DRG grouper.

Appendix B displays the MDC descriptions.

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 2

DIAGNOSIS RELATED GROUP
(DRG)

FIELD NAME: DRG

DEFINITION: Medical and surgical DRGs are case-mix assignments grouping hospital patients to categories based on diagnostic, therapeutic and demographic characteristics for the purpose of reimbursement. OSHPD purchases the DRG Grouper software from Centers for Medicare and Medicaid Services (CMS) contractor, 3M® Health Information Systems. CMS implements revisions to the DRG Grouper software every October 1, the start of Federal fiscal year for the Medicare Prospective Payment System.   OSHPD implements the same software effective with discharges from the beginning of the following calendar year. Special note - New codes after October 1, are "mapped" by OSHPD's own mapping logic system to the closest equivalent ICD-9-CM code recognized by the DRG Grouper Version for that calendar year and assigned to a DRG based on that DRG Grouper Version's logic.

CODES, CATEGORIES AND COMMENTS:

Appendix C displays the current DRG descriptions.

The following indicates the DRG Grouper Version used during recent years:

    Calendar Year 2001 = Version 18.0 DRG Grouper
    Calendar Year 2002 = Version 19.0 DRG Grouper
    Calendar Year 2003 = Version 20.0 DRG Grouper
    Calendar Year 2004 = Version 21.0 DRG Grouper
    Calendar Year 2005 = Version 22.0 DRG Grouper

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 3

CALIFORNIA PATIENT DISCHARGE DATA
January-December 2005

PRINCIPAL DIAGNOSIS

FIELD NAME: DIAG_P

DEFINITION: The condition established, after study, to be the chief cause of the admission of
                            the patient to the facility for care.

CODES, CATEGORIES AND COMMENTS:

        The appropriate codes to be entered for this data element are specified in the International
        Classification of Diseases, 9th Revision, Clinical Modification, U.S. Department of Health and Human
        Services, Washington D.C. (ICD-9-CM).

        The following codes for Principle Diagnosis are not accepted by OSHPD:
                Morphology codes in ICD-9-CM
                SNODO
                DSM
                E-Codes in ICD-9-CM
                Italicized codes for Manifestation Conditions in ICD-9-CM (for Principal Diagnosis field)

CODE STRUCTURE (examples):

        Content of Field: <u>V5781</u> Would be read as: <u>V57.81</u>
        Content of Field: <u>3441</u>   Would be read as: <u>344.1</u>
        (Implied decimal is read after the first three character positions.)

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 5

CONDITION PRESENT AT ADMISSION
(For the Principal Diagnosis)

FIELD NAME: CPOA_P

DEFINITION: The indicator for whether or not the condition was present at admission by reporting Yes, No, or Uncertain for the Principal Diagnosis. The focus is to assess the timing of when the condition was present.

CODES, CATEGORIES AND COMMENTS:

The indicator for the principal diagnosis is defaulted to Yes (present at admission), unless reported otherwise.

Code		Category
Y	=	Yes
N	=	No
U	=	Uncertain

All other values of Condition Present at Admission are not considered valid.

Detailed parameters for reporting Condition Present at Admission are available in the California Inpatient Data Reporting Manual at www.oshpd.ca.gov/MIRCal/programs/IP/PDSManual.htm.

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 1

PRINCIPAL PROCEDURE

FIELD NAME: PROC_P

DEFINITION: The principal procedure is one which was performed for definitive treatment rather than one performed for diagnostic or exploratory purposes, or was necessary to take care of a complication.

The principal procedure is the procedure most related to the principal diagnosis.

If only non-therapeutic procedures were performed, then a significant non-therapeutic procedure is reported. A significant procedure is one that is surgical in nature, or carries a procedural risk, or carries an anesthetic risk, or affects DRG assignment. For details on these risks, please refer to the California Inpatient Data Reporting Manual at www.oshpd.ca.gov/MIRCal/programs/IP/PDSManual.htm.

CODES, CATEGORIES AND COMMENTS:

The appropriate codes to be entered are specified in the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), U.S. Department of Health and Human Services, Washington, D.C.

Note: Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes are not accepted by OSHPD for inpatient data. CPTs are reported for the Emergency Department and Ambulatory Surgery data.

CODE STRUCTURE (examples):

Content of Field: <u>022</u>   Would be read as: <u>02.2</u>
Content of Field: <u>0293</u>   Would be read as: <u>02.93</u>
(Implied decimal is read after the first two positions.)

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 4

DAYS FROM ADMISSION TO PRINCIPAL PROCEDURE

FIELD NAME: PROC_PDY

DEFINITION: The number of days between the patient's admission date and the date of the Principal Procedure.

CODES, CATEGORIES AND COMMENTS:

Days from admission to principal procedure are calculated by subtracting the date of admission from the date of the principal procedure. If the principal procedure was performed on the day of admission, the number of days from admission will be zero. If no principal procedure is reported then the number of days from admission will also be shown as zero. A principal procedure performed 9999 or more days from admission will be shown as 9999.

If the principal procedure was performed prior to admission, the number of days will be prefixed with a minus (-) sign. This can occur when an admitting hospital reports outpatient procedures performed by another facility up to 3 days prior to admission or in their own outpatient setting up to 3 days prior to admission.

Up to and including calendar year 2000 data, if no procedure was performed, the days to principal procedure were shown as -999.

VARIABLE TYPE: Numeric

VARIABLE LENGTH: 4

OTHER DIAGNOSES

FIELD NAME: ODIAG1 to ODIAG24

DEFINITION: Conditions that coexist at the time of admission, develop subsequently during the hospital stay, affect the treatment received, or affect the length of stay. Up to 24 other diagnoses can be reported.

CODES, CATEGORIES AND COMMENTS:

    Identical (duplicate) diagnosis codes are not accepted by OSHPD.

    The following codes for Other Diagnosis are not accepted by OSHPD:
        Morphology codes in ICD-9-CM
        SNODO
        DSM
        E-Codes in ICD-9-CM

CODE STRUCTURE (examples):

    Content of Field: <u>V5781</u>   Would be read as: <u>V57.81</u>
    Content of Field: <u>3441</u>   Would be read as: <u>344.1</u>
    (Implied decimal is read after the first three positions.)

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 5

CONDITION PRESENT AT ADMISSION
(for the Other Diagnoses)

FIELD NAME: CPOA1 to CPOA24

DEFINITION: The indicator for whether or not the condition was present at admission by reporting Yes, No, or Uncertain for all Other Diagnoses. The focus is to assess the timing of when the condition was present.

CODES, CATEGORIES AND COMMENTS:

Code		Category
Y	=	Yes
N	=	No
U	=	Uncertain

All other values of Condition Present at Admission are not considered valid.

A condition is considered present at admission if it is identified in the history and physical examination or documented in the current inpatient medical record (e.g., emergency room, initial progress notes, initial nurse assessment, and clinic/office notes).

Detailed parameters for reporting Condition Present at Admission are available in the California Inpatient Data Reporting Manual at
www.oshpd.ca.gov/MIRCal/programs/IP/PDSManual.htm.

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 1

OTHER PROCEDURES
(Maximum 20)

FIELD NAME: OPROC1 to OPROC20

DEFINITION: The procedure code is reported according to the ICD-9-CM. A procedure is
                     considered significant when it is a surgical risk, procedural risk, anesthetic risk
                     or is needed for DRG assignment. Up to 20 other procedures can be reported.

CODES, CATEGORIES AND COMMENTS:

The appropriate codes to be entered are specified in the International Classification of Diseases
9th Revision, Clinical Modification (ICD-9-CM), U.S. Department of Health and Human Services,
Washington, D.C. All significant procedures that are surgical in nature or carry procedural risk, or
carry an anesthetic risk, or affect DRG assignment, are reported. For details on these risks,
please refer to the California Inpatient Data Reporting Manual at
www.oshpd.ca.gov/MIRCal/programs/IP/PDSManual.htm.

Note: HCPCS and CPT codes are not accepted by OSHPD.

CODE STRUCTURE (examples):

Content of Field: 022 Would be read as: 02.2
Content of Field: 0293 Would be read as: 02.93
(Implied decimal is read after the first two positions.)

VARIABLE TYPE: Text/Alpha-numeric

VARIABLE LENGTH: 4

DAYS FROM ADMISSION TO OTHER PROCEDURES

FIELD NAME: PROCDY1 to PROCDY20

DEFINITION: The number of days between the patient's admission date and the date of the
                         Other Procedure.

CODES, CATEGORIES AND COMMENTS:

  Days from admission to other procedures are calculated by subtracting the date of admission from
  the date of the other procedure. If the other procedure was performed on the day of admission, the
  number of days from admission will be zero. If no other procedures are reported then the number of
  days from admission will also be shown as zero. Other procedures performed 9999 or more days
  from admission will be shown as 9999.

  For other procedures performed prior to admission, the number of days will be prefixed with a minus
  (-) sign. This can occur when an admitting hospital reports outpatient procedures performed by
  another facility up to 3 days prior to admission or in their own outpatient setting up to 3 days prior to
  admission.

VARIABLE TYPE: Numeric

VARIABLE LENGTH: 4

APPENDICES

A full set of appendix files in a portable document format (.pdf) is included for easy viewing and printing. In addition, a subset of seven appendices is duplicated in an Excel file with each appendix in an individual worksheet. These Excel worksheets can be used with relational database software to link code numbers from the data to their respective labels (e.g., the Hospital ID Number, (OSHPD_ID), from the data set can be matched with the hospital name in Appendix F). See the tables below for appendix descriptions.

APPENDICES PDF Files The complete set of appendices (PDF format) is located in the Appendices folder.		
Appendices	**File Name**	**Title**
A	App_A_counties.pdf	County Names and Codes
B	App_B_mdc.pdf	Major Diagnostic Categories (MDCs)
C	App_C_drg.pdf	Diagnosis Related Groups (DRGs)
D	App_D_exceptions.pdf	Data Exceptions (as reported)
E	App_E_masked_field_freqs.pdf	Masked Variable Frequencies
F	App_F_hospital_list.pdf	Hospital Listing
G	App_G_report_form.pdf	Manual Abstract Reporting Form (OSHPD-1370.IP)
H	App_H_data_fields.pdf	Data Field List
I	App_I_plan_codes.pdf	Plan Codes, Expected Source of Payment

APPENDICES SUBSET Excel File (filename.xls) A duplicate, subset of appendices (in MS-Excel format) is also located in the Appendices folder. The worksheets in this file can be used as relational database tables to link codes with labels		
Appendices	**Worksheet Name**	**Title**
A	Appendix A	County Names and Codes
B	Appendix B	Major Diagnostic Categories (MDCs)
C	Appendix C	Diagnosis Related Groups (DRGs)
D	Appendix D	Data Exceptions (as reported)
F	Appendix F	Hospital Listing
H	Appendix H	Data Field List
I	Appendix I	Plan Codes, Expected Source of Payment

APPENDIX A

COUNTY NAMES AND CODES

COUNTY #	Name	COUNTY #	Name	COUNTY #	Name
01	Alameda	20	Madera	40	San Luis Obispo
02	Alpine (CE)	21	Marin	41	San Mateo
03	Amador	22	Mariposa (CE)	42	Santa Barbara
04	Butte	23	Mendocino	43	Santa Clara
05	Calaveras	24	Merced	44	Santa Cruz
06	Colusa (NW)	25	Modoc (NE)	45	Shasta
07	Contra Costa	26	Mono (CE)	46	Sierra (NE)
08	Del Norte	27	Monterey	47	Siskiyou
09	El Dorado	28	Napa	48	Solano
10	Fresno	29	Nevada	49	Sonoma
11	Glenn (NW)	30	Orange	50	Stanislaus
12	Humboldt	31	Placer	51	Sutter
13	Imperial	32	Plumas (NE)	52	Tehama
14	Inyo (CE)	33	Riverside	53	Trinity (NW)
15	Kern	34	Sacramento	54	Tulare
16	Kings	35	San Benito	55	Tuolumne
17	Lake	36	San Bernardino	56	Ventura
18	Lassen	37	San Diego	57	Yolo
19	Los Angeles	38	San Francisco	58	Yuba
		39	San Joaquin		

For de-identfying unique patient records, the three groups of small patient counties are:

Code	Group
CE	Central counties
NE	Northeastern counties
NW	Northwestern counties

APPENDIX B
2005 Major Diagnostic Categories (MDC)
Grouper Version 22.0

MDC	Description
01	Nervous System, Diseases & Disorders
02	Eye, Diseases & Disorders
03	Ear, Nose, Mouth, & Throat, Diseases & Disorders
04	Respiratory System, Diseases & Disorders
05	Circulatory System, Diseases & Disorders
06	Digestive System, Diseases & Disorders
07	Hepatobiliary System & Pancreas, Diseases & Disorders
08	Musculoskeletal System & Connective Tissue, Diseases & Disorders
09	Skin, Subcutaneous Tissue & Breast, Diseases & Disorders
10	Endocrine, Nutritional, and Metabolic, Diseases & Disorders
11	Kidney and Urinary Tract, Diseases & Disorders
12	Male Reproductive System, Diseases & Disorders
13	Female Reproductive System, Diseases & Disorders
14	Pregnancy, Childbirth, & The Puerperium
15	Newborns and Neonate Conditions Began in Perinatal Period
16	Blood, Blood Forming Organs,Immunological, Diseases & Disorders
17	Myeloproliferative Diseases & Poorly Differentiated Neoplasms
18	Infectious & Parasitic Diseases
19	Mental Diseases & Disorders
20	Alcohol-Drug Use and Alcohol-Drug Induced Organic Mental Diseases
21	Injuries, Poisonings, and Toxic Effects of Drugs
22	Burns
23	Factors on Health Status & Other Contacts with Health Services
24	Multiple Signficant Trauma
25	Human Immunodeficiency Virus Infections
00	Ungroupable

Source: DRGs: Diagnosis Related Groups Definitions Manual, Version 22.0, effective 10/1/04, Developed for the Centers for Medicare and Medicaid Services by 3M® Health Information Systems, New Haven CT 06511

2005 Diagnosis Related Groups (DRG)
Grouper Version 22.0

DRG	MDC	Category	Description
001	01	P	Craniotomy Age >17 w cc
002	01	P	Craniotomy Age >17 w/o cc
003	01	P	Craniotomy Age 0-17
004	00	0	Unused DRG Placeholder Since 10/1/03
005	00	0	Unused DRG Placeholder Since 10/1/03
006	01	P	Carpal Tunnel Release
007	01	P	Peripheral/Cranial Nerve/other Nervous System Procedures w cc
008	01	P	Peripheral/Cranial Nerve/other Nervous System Proc w/o cc
009	01	M	Spinal Disorders & Injuries
010	01	M	Nervous System Neoplasms w cc
011	01	M	Nervous System Neoplasms w/o cc
012	01	M	Degenerative Nervous System Disorders
013	01	M	Multiple Sclerosis & Cerebellar Ataxia
014	01	M	Intracranial Hemorrhage or Cerebral Infarction
015	01	M	Nonspecific Cerebrovascular & Precerebral Occlusion w/o Infarct
016	01	M	Nonspecific Cerebrovascular Disorders w cc
017	01	M	Nonspecific Cerebrovascular Disorders w/o cc
018	01	M	Cranial & Peripheral Nerve Disorders w cc
019	01	M	Cranial & Peripheral Nerve Disorders w/o cc
020	01	M	Nervous System Infection except Viral Meningitis
021	01	M	Viral Meningitis
022	01	M	Hypertensive Encephalopathy
023	01	M	Nontraumatic Stupor & Coma
024	01	M	Seizure & Headache Age >17 w cc
025	01	M	Seizure & Headache Age >17 w/o cc
026	01	M	Seizure & Headache Age 0-17
027	01	M	Traumatic Stupor & Coma, Coma >1 Hr
028	01	M	Traumatic Stupor & Coma, Coma <1 Hr Age >17 w cc
029	01	M	Traumatic Stupor & Coma, Coma <1 Hr Age >17 w/o cc
030	01	M	Traumatic Stupor & Coma, Coma <1 Hr Age 0-17
031	01	M	Concussion Age >17 w cc
032	01	M	Concussion Age >17 w/o cc
033	01	M	Concussion Age 0-17
034	01	M	Other Disorders of Nervous System w cc
035	01	M	Other Disorders of Nervous System w/o cc
036	02	P	Retinal Procedures
037	02	P	Orbital Procedures
038	02	P	Primary Iris Procedures
039	02	P	Lens Procedures w or w/o Vitrectomy
040	02	P	Extraocular Procedures except Orbit Age >17
041	02	P	Extraocular Procedures except Orbit Age 0-17
042	02	P	Intraocular Procedures except Retina, Iris & Lens
043	02	M	Hyphema
044	02	M	Acute Major Eye Infections
045	02	M	Neurological Eye Disorders
046	02	M	Other Disorders of the Eye Age >17 w cc
047	02	M	Other Disorders of the Eye Age >17 w/o cc
048	02	M	Other Disorders of the Eye Age 0-17
049	03	P	Major Head & Neck Procedures
050	03	P	Sialoadenectomy
051	03	P	Salivary Gland Procedures except Sialoadenectomy
052	03	P	Cleft Lip & Palate Repair
053	03	P	Sinus & Mastoid Procedures Age >17
054	03	P	Sinus & Mastoid Procedures Age 0-17

DRG	MDC	Category	Description
055	03	P	Miscellaneous Ear, Nose, Mouth & Throat Procedures
056	03	P	Rhinoplasty
057	03	P	T&A Proc, except Tonsillectomy &/or Adenoidectomy only, Age >17
058	03	P	T&A Proc, except Tonsillectomy &/or Adenoidectomy only, Age 0-17
059	03	P	Tonsillectomy &/or Adenoidectomy only, Age >17
060	03	P	Tonsillectomy &/or Adenoidectomy only, Age 0-17
061	03	P	Myringotomy w Tube Insertion Age >17
062	03	P	Myringotomy w Tube Insertion Age 0-17
063	03	P	Other Ear, Nose, Mouth & Throat Operating Room Procedures
064	03	M	Ear, Nose, Mouth & Throat Malignancy
065	03	M	Dysequilibrium
066	03	M	Epistaxis
067	03	M	Epiglottitis
068	03	M	Otitis Media & Upper Respiratory Infection Age >17 w cc
069	03	M	Otitis Media & Upper Respiratory Infection Age >17 w/o cc
070	03	M	Otitis Media & Upper Respiratory Infection Age 0-17
071	03	M	Laryngotracheitis
072	03	M	Nasal Trauma & Deformity
073	03	M	Other Ear, Nose, Mouth & Throat Diagnoses Age >17
074	03	M	Other Ear, Nose, Mouth & Throat Diagnoses Age 0-17
075	04	P	Major Chest Procedures
076	04	P	Other Respiratory System Operating Room Procedures w cc
077	04	P	Other Respiratory System Operating Room Procedures w/o cc
078	04	M	Pulmonary Embolism
079	04	M	Respiratory Infections & Inflammations Age >17 w cc
080	04	M	Respiratory Infections & Inflammations Age >17 w/o cc
081	04	M	Respiratory Infections & Inflammations Age 0-17
082	04	M	Respiratory Neoplasms
083	04	M	Major Chest Trauma w cc
084	04	M	Major Chest Trauma w/o cc
085	04	M	Pleural Effusion w cc
086	04	M	Pleural Effusion w/o cc
087	04	M	Pulmonary Edema & Respiratory Failure
088	04	M	Chronic Obstructive Pulmonary Disease
089	04	M	Simple Pneumonia & Pleurisy Age >17 w cc
090	04	M	Simple Pneumonia & Pleurisy Age >17 w/o cc
091	04	M	Simple Pneumonia & Pleurisy Age 0-17
092	04	M	Interstitial Lung Disease w cc
093	04	M	Interstitial Lung Disease w/o cc
094	04	M	Pneumothorax w cc
095	04	M	Pneumothorax w/o cc
096	04	M	Bronchitis & Asthma Age >17 w cc
097	04	M	Bronchitis & Asthma Age >17 w/o cc
098	04	M	Bronchitis & Asthma Age 0-17
099	04	M	Respiratory Signs & Symptoms w cc
100	04	M	Respiratory Signs & Symptoms w/o cc
101	04	M	Other Respiratory System Diagnoses w cc
102	04	M	Other Respiratory System Diagnoses w/o cc
103		P	Heart Transplant or Implant of Heart Assist System
104	05	P	Cardiac Valve & other Major Cardiothoracic Proc w Cardiac Cath
105	05	P	Cardiac Valve & other Major Cardiothoracic Proc w/o Cardiac Cath
106	05	P	Coronary Bypass w PTCA
107	05	P	Coronary Bypass w Cardiac Catheterization
108	05	P	Other Cardiothoracic Procedures

DRG	MDC	Category	Description
109	05	P	Coronary Bypass w/o Cardiac Catheterization
110	05	P	Major Cardiovascular Procedures w cc
111	05	P	Major Cardiovascular Procedures w/o cc
112	00	0	Unused DRG Placeholder Since 10/1/01
113	05	P	Amputation for Circulatory System Disorders exc Upper Limb & Toe
114	05	P	Upper Limb & Toe Amputation for Circulatory System Disorders
115	05	P	Prm Card Pacem Impl w AMI/Hrt Fail/Shk/AICD Lead/Generator Proc
116	05	P	Other Permanent Cardiac Pacemaker Implant
117	05	P	Cardiac Pacemaker Revision except Device Replacement
118	05	P	Cardiac Pacemaker Device Replacement
119	05	P	Vein Ligation & Stripping
120	05	P	Other Circulatory System Operating Room Procedures
121	05	M	Circulatory Disorders w AMI/Major Complication, Discharged Alive
122	05	M	Circulatory Disorders w AMI w/o Major Compl, Discharged Alive
123	05	M	Circulatory Disorders w AMI, Expired
124	05	M	Circulatory Disorders ex AMI, w Card Cath & Complex Diag
125	05	M	Circulatory Disorders ex AMI, w Card Cath w/o Complex Diag
126	05	M	Acute & Subacute Endocarditis
127	05	M	Heart Failure & Shock
128	05	M	Deep Vein Thrombophlebitis
129	05	M	Cardiac Arrest, Unexplained
130	05	M	Peripheral Vascular Disorders w cc
131	05	M	Peripheral Vascular Disorders w/o cc
132	05	M	Atherosclerosis w cc
133	05	M	Atherosclerosis w/o cc
134	05	M	Hypertension
135	05	M	Cardiac Congenital & Valvular Disorders Age >17 w cc
136	05	M	Cardiac Congenital & Valvular Disorders Age >17 w/o cc
137	05	M	Cardiac Congenital & Valvular Disorders Age 0-17
138	05	M	Cardiac Arrhythmia & Conduction Disorders w cc
139	05	M	Cardiac Arrhythmia & Conduction Disorders w/o cc
140	05	M	Angina Pectoris
141	05	M	Syncope & Collapse w cc
142	05	M	Syncope & Collapse w/o cc
143	05	M	Chest Pain
144	05	M	Other Circulatory System Diagnoses w cc
145	05	M	Other Circulatory System Diagnoses w/o cc
146	06	P	Rectal Resection w cc
147	06	P	Rectal Resection w/o cc
148	06	P	Major Small & Large Bowel Procedures w cc
149	06	P	Major Small & Large Bowel Procedures w/o cc
150	06	P	Peritoneal Adhesiolysis w cc
151	06	P	Peritoneal Adhesiolysis w/o cc
152	06	P	Minor Small & Large Bowel Procedures w cc
153	06	P	Minor Small & Large Bowel Procedures w/o cc
154	06	P	Stomach, Esophageal & Duodenal Procedures Age >17 w cc
155	06	P	Stomach, Esophageal & Duodenal Procedures Age >17 w/o cc
156	06	P	Stomach, Esophageal & Duodenal Procedures Age 0-17
157	06	P	Anal & Stomal Procedures w cc
158	06	P	Anal & Stomal Procedures w/o cc
159	06	P	Hernia Procedures except Inguinal & Femoral Age >17 w cc
160	06	P	Hernia Procedures except Inguinal & Femoral Age >17 w/o cc
161	06	P	Inguinal & Femoral Hernia Procedures Age >17 w cc
162	06	P	Inguinal & Femoral Hernia Procedures Age >17 w/o cc

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DRG	MDC	Category	Description
163	06	P	Hernia Procedures Age 0-17
164	06	P	Appendectomy w Complicated Principal Diagnoses w cc
165	06	P	Appendectomy w Complicated Principal Diagnoses w/o cc
166	06	P	Appendectomy w/o Complicated Principal Diagnoses w cc
167	06	P	Appendectomy w/o Complicated Principal Diagnoses w/o cc
168	03	P	Mouth Procedures w cc
169	03	P	Mouth Procedures w/o cc
170	06	P	Other Digestive System Operating Room Procedures w cc
171	06	P	Other Digestive System Operating Room Procedures w/o cc
172	06	M	Digestive Malignancy w cc
173	06	M	Digestive Malignancy w/o cc
174	06	M	Gastrointestinal Hemorrhage w cc
175	06	M	Gastrointestinal Hemorrhage w/o cc
176	06	M	Complicated Peptic Ulcer
177	06	M	Uncomplicated Peptic Ulcer w cc
178	06	M	Uncomplicated Peptic Ulcer w/o cc
179	06	M	Inflammatory Bowel Disease
180	06	M	Gastrointestinal Obstruction w cc
181	06	M	Gastrointestinal Obstruction w/o cc
182	06	M	Esophagitis, Gastroenteritis & Misc Digest Disorders Age >17 w cc
183	06	M	Esophagitis, Gastroenteritis/Misc Digest Disorders Age >17 w/o cc
184	06	M	Esophagitis, Gastroenteritis & Misc Digest Disorders Age 0-17
185	03	M	Dental & Oral Disease except Extracts & Restoration, Age >17 w cc
186	03	M	Dental & Oral Disease except Extracts & Restoration, Age 0-17
187	03	M	Dental Extractions & Restorations
188	06	M	Other Digestive System Diagnoses Age >17 w cc
189	06	M	Other Digestive System Diagnoses Age >17 w/o cc
190	06	M	Other Digestive System Diagnoses Age 0-17
191	07	P	Pancreas, Liver & Shunt Procedures w cc
192	07	P	Pancreas, Liver & Shunt Procedures w/o cc
193	07	P	Biliary Tract Proc exc only Cholecystectomy w or w/o C.D.E. w cc
194	07	P	Biliary Tract Proc exc only Cholecystectmy w or w/o C.D.E. w/o cc
195	07	P	Cholecystectomy w Common Duct Exploration (C.D.E) w cc
196	07	P	Cholecystectomy w Common Duct Exploration w/o cc
197	07	P	Cholecystectomy except by Laparoscope w/o C.D.E. w cc
198	07	P	Cholecystectomy except by Laparoscope w/o C.D.E. w/o cc
199	07	P	Hepatobiliary Diagnostic Procedure for Malignancy
200	07	P	Hepatobiliary Diagnostic Procedure for Non-Malignancy
201	07	P	Other Hepatobiliary or Pancreas Operating Room Procedures
202	07	M	Cirrhosis & Alcoholic Hepatitis
203	07	M	Malignancy of Hepatobiliary System or Pancreas
204	07	M	Disorders of Pancreas except Malignancy
205	07	M	Liver Disorders except Malignancy, Cirrhosis, Alcoholic Hepa w cc
206	07	M	Liver Disorders exc Malignancy, Cirrhosis, Alcoholic Hepa w/o cc
207	07	M	Disorders of the Biliary Tract w cc
208	07	M	Disorders of the Biliary Tract w/o cc
209	08	P	Major Joint & Limb Reattachment Procedures of Lower Extremity
210	08	P	Hip & Femur Procedures except Major Joint Age >17 w cc
211	08	P	Hip & Femur Procedures except Major Joint Age >17 w/o cc
212	08	P	Hip & Femur Procedures except Major Joint Age 0-17
213	08	P	Amputation for Musculoskeletal System/Connective Tissue Disorders
214	00	0	Unused DRG Placeholder Since 10-1-97
215	00	0	Unused DRG Placeholder Since 10-1-97
216	08	P	Biopsies of Musculoskeletal System & Connective Tissue

DRG	MDC	Category	Description
217	08	P	Wnd Debride/Skn Grft except Hand, Musculosk/Connective Tissue Dis
218	08	P	Lower Extrem & Humerus Proc except Hip, Foot, Femur Age >17 w cc
219	08	P	Lower Extrem & Humeru Proc except Hip, Foot, Femur Age >17 w/o cc
220	08	P	Lower Extremity & Humerus Proc except Hip, Foot, Femur Age 0-17
221	00	0	Unused DRG Placeholder Since 10-1-97
222	00	0	Unused DRG Placeholder Since 10-1-97
223	08	P	Major Shoulder/Elbow Proc, or Other Upper Extremity Proc w cc
224	08	P	Shoulder, Elbow or Forearm Proc, except Major Joint Proc, w/o cc
225	08	P	Foot Procedures
226	08	P	Soft Tissue Procedures w cc
227	08	P	Soft Tissue Procedures w/o cc
228	08	P	Major Thumb or Joint Proc, or Other Hand or Wrist Proc w cc
229	08	P	Hand or Wrist Procedures, except Major Joint Procedures, w/o cc
230	08	P	Local Excision/Removal of Internal Fixation Devices of Hip/Femur
231	00	0	Unused DRG Placeholder Since 10/1/03
232	08	P	Arthroscopy
233	08	P	Other Musculoskeletal System & Connective Tissue O.R. Proc w cc
234	08	P	Other Musculoskeletal System & Connective Tissue O.R. Proc w/o cc
235	08	M	Fractures of Femur
236	08	M	Fractures of Hip & Pelvis
237	08	M	Sprains, Strains, & Dislocations of Hip, Pelvis & Thigh
238	08	M	Osteomyelitis
239	08	M	Pathological Fractures/Musculoskeletal/Connective Tissue Malig
240	08	M	Connective Tissue Disorders w cc
241	08	M	Connective Tissue Disorders w/o cc
242	08	M	Septic Arthritis
243	08	M	Medical Back Problems
244	08	M	Bone Diseases & Specific Arthropathies w cc
245	08	M	Bone Diseases & Specific Arthropathies w/o cc
246	08	M	Non-Specific Arthropathies
247	08	M	Signs & Symptoms Musculoskeletal System & Connective Tissue
248	08	M	Tendonitis, Myositis & Bursitis
249	08	M	Aftercare, Musculoskeletal System & Connective Tissue
250	08	M	Fracture/Sprain/Strain/Disloca of Forearm/Hand/Foot Age >17 w cc
251	08	M	Fracture/Sprn/Strain/Dislo of Forearm, Hand, Foot Age >17 w/o cc
252	08	M	Fracture/Sprain/Strain/Dislocate of Forearm, Hand, Foot Age 0-17
253	08	M	Fracture/Sprn/Strn/Disl of Uparm, Low Leg excp Foot Age >17 w cc
254	08	M	Fractu/Sprn/Strn/Disl of Uparm/Low Leg excp Foot Age >17 w /o cc
255	08	M	Fracture, Sprain, Strain/Disl of Uparm, Low Leg exc Foot Age 0-17
256	08	M	Other Musculoskeletal System & Connective Tissue Diagnoses
257	09	P	Total Mastectomy for Malignancy w cc
258	09	P	Total Mastectomy for Malignancy w/o cc
259	09	P	Subtotal Mastectomy for Malignancy w cc
260	09	P	Subtotal Mastectomy for Malignancy w/o cc
261	09	P	Breast Procedure for Non-Malignancy excep Biopsy & Local Excision
262	09	P	Breast Biopsy & Local Excision for Non-Malignancy
263	09	P	Skin Graft &/or Debride for Skin Ulcer or Cellulitis w cc
264	09	P	Skin Graft &/or Debride for Skin Ulcer or Cellulitis w/o cc
265	09	P	Skin Graft &/or Debride except for Skin Ulcer or Cellulitis w cc
266	09	P	Skin Graft &/or Debride excpt for Skin Ulcer or Cellulitis w/o cc
267	09	P	Perianal & Pilonidal Procedures
268	09	P	Skin, Subcutaneous Tissue & Breast Plastic Procedures
269	09	P	Other Skin, Subcutaneous Tissue & Breast Procedures w cc
270	09	P	Other Skin, Subcutaneous Tissue & Breast Procedures w/o cc

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DRG	MDC	Category	Description
271	09	M	Skin Ulcers
272	09	M	Major Skin Disorders w cc
273	09	M	Major Skin Disorders w/o cc
274	09	M	Malignant Breast Disorders w cc
275	09	M	Malignant Breast Disorders w/o cc
276	09	M	Non-Malignant Breast Disorders
277	09	M	Cellulitis Age >17 w cc
278	09	M	Cellulitis Age >17 w/o cc
279	09	M	Cellulitis Age 0-17
280	09	M	Trauma to the Skin, Subcutaneous Tissue & Breast Age >17 w cc
281	09	M	Trauma to the Skin, Subcutaneous Tissue & Breast Age >17 w/o cc
282	09	M	Trauma to the Skin, Subcutaneous Tissue & Breast Age 0-17
283	09	M	Minor Skin Disorders w cc
284	09	M	Minor Skin Disorders w/o cc
285	10	P	Amputate Lower Limb for Endocrine, Nutritional, & Metabolic Dis
286	10	P	Adrenal & Pituitary Procedures
287	10	P	Skn Grfts/Wound Debride for Endocrine/Nutritional/Metabolic Dis
288	10	P	Operating Room Procedures for Obesity
289	10	P	Parathyroid Procedures
290	10	P	Thyroid Procedures
291	10	P	Thyroglossal Procedures
292	10	P	Other Endocrine/Nutritional/Metabolic Operating Room Proc w cc
293	10	P	Other Endocrine/Nutritional/Metabolic Operating Room Proc w/o cc
294	10	M	Diabetes Age >35
295	10	M	Diabetes Age 0-35
296	10	M	Nutritional & Misc Metabolic Disorders Age >17 w cc
297	10	M	Nutritional & Misc Metabolic Disorders Age >17 w/o cc
298	10	M	Nutritional & Misc Metabolic Disorders Age 0-17
299	10	M	Inborn Errors of Metabolism
300	10	M	Endocrine Disorders w cc
301	10	M	Endocrine Disorders w/o cc
302	11	P	Kidney Transplant
303	11	P	Kidney, Ureter & Major Bladder Procedures for Neoplasm
304	11	P	Kidney, Ureter & Major Bladder Procedures for Non-Neoplasm w cc
305	11	P	Kidney, Ureter & Major Bladder Procedures for Non-Neoplasm w/o cc
306	11	P	Prostatectomy w cc
307	11	P	Prostatectomy w/o cc
308	11	P	Minor Bladder Procedures w cc
309	11	P	Minor Bladder Procedures w/o cc
310	11	P	Transurethral Procedures w cc
311	11	P	Transurethral Procedures w/o cc
312	11	P	Urethral Procedures, Age >17 w cc
313	11	P	Urethral Procedures, Age >17 w/o cc
314	11	P	Urethral Procedures, Age 0-17
315	11	P	Other Kidney & Urinary Tract Operating Room Procedures
316	11	M	Renal Failure
317	11	M	Admit for Renal Dialysis
318	11	M	Kidney & Urinary Tract Neoplasms w cc
319	11	M	Kidney & Urinary Tract Neoplasms w/o cc
320	11	M	Kidney & Urinary Tract Infections Age >17 w cc
321	11	M	Kidney & Urinary Tract Infections Age >17 w/o cc
322	11	M	Kidney & Urinary Tract Infections Age 0-17
323	11	M	Urinary Stones w cc, &/or Extracorporeal Shock Wave Lithotripsy
324	11	M	Urinary Stones w/o cc

DRG	MDC	Category	Description
325	11	M	Kidney & Urinary Tract Signs & Symptoms Age >17 w cc
326	11	M	Kidney & Urinary Tract Signs & Symptoms Age >17 w/o cc
327	11	M	Kidney & Urinary Tract Signs & Symptoms Age 0-17
328	11	M	Urethral Stricture Age >17 w cc
329	11	M	Urethral Stricture Age >17 w/o cc
330	11	M	Urethral Stricture Age 0-17
331	11	M	Other Kidney & Urinary Tract Diagnoses Age >17 w cc
332	11	M	Other Kidney & Urinary Tract Diagnoses Age >17 w/o cc
333	11	M	Other Kidney & Urinary Tract Diagnoses Age 0-17
334	12	P	Major Male Pelvic Procedures w cc
335	12	P	Major Male Pelvic Procedures w/o cc
336	12	P	Transurethral Prostatectomy w cc
337	12	P	Transurethral Prostatectomy w/o cc
338	12	P	Testes Procedures, for Malignancy
339	12	P	Testes Procedures, Non-Malignancy Age >17
340	12	P	Testes Procedures, Non-Malignancy Age 0-17
341	12	P	Penis Procedures
342	12	P	Circumcision Age >17
343	12	P	Circumcision Age 0-17
344	12	P	Other Male Reproductive System Operating Room Proc for Malignancy
345	12	P	Other Male Reproductive System Operate Rm Proc exc for Malignancy
346	12	M	Malignancy, Male Reproductive System w cc
347	12	M	Malignancy, Male Reproductive System w/o cc
348	12	M	Benign Prostatic Hypertrophy w cc
349	12	M	Benign Prostatic Hypertrophy w/o cc
350	12	M	Inflammation of Male Reproductive System
351	12	M	Sterilization, Male
352	12	M	Other Male Reproductive System Diagnoses
353	13	P	Pelvic Evisceration, Radical Hysterectomy & Radical Vulvectomy
354	13	P	Uterine, Adnexa Proc for Non-Ovarian/Adnexal Malignancy w cc
355	13	P	Uterine, Adnexa Proc for Non-Ovarian/Adnexal Malignancy w/o cc
356	13	P	Female Reproductive System Reconstructive Procedures
357	13	P	Uterine & Adnexa Proc for Ovarian or Adnexal Malignancy
358	13	P	Uterine & Adnexa Proc for Non-Malignancy w cc
359	13	P	Uterine & Adnexa Proc for Non-Malignancy w/o cc
360	13	P	Vagina, Cervix & Vulva Procedures
361	13	P	Laparoscopy & Incisional Tubal Interruption
362	13	P	Endoscopic Tubal Interruption
363	13	P	Dilation & Curettage, Conization & Radio-Implant, for Malignancy
364	13	P	Dilation & Curettage, Conization except for Malignancy
365	13	P	Other Female Reproductive System Operating Room Procedures
366	13	M	Malignancy, Female Reproductive System w cc
367	13	M	Malignancy, Female Reproductive System w/o cc
368	13	M	Infections, Female Reproductive System
369	13	M	Menstrual & other Female Reproductive System Disorders
370	14	P	Cesarean Section w cc
371	14	P	Cesarean Section w/o cc
372	14	M	Vaginal Delivery w Complicating Diagnoses
373	14	M	Vaginal Delivery w/o Complicating Diagnoses
374	14	P	Vaginal Delivery w Sterilization &/or Dilation & Curettage
375	14	P	Vaginal Delivery w Operation exc Sterilization/Dilation/Curettage
376	14	M	Postpartum & Post Abortion Diagnoses w/o Operating Room Procedure
377	14	P	Postpartum & Post Abortion Diagnoses w Operating Room Procedure
378	14	M	Ectopic Pregnancy

DRG	MDC	Category	Description
379	14	M	Threatened Abortion
380	14	M	Abortion w/o Dilation & Curettage
381	14	P	Abortion w Dilation/Curettage Aspiration Curettage or Hysterotomy
382	14	M	False Labor
383	14	M	Other Antepartum Diagnoses w Medical Complications
384	14	M	Other Antepartum Diagnoses w/o Medical Complications
385	15	M	Neonates, Died or Transferred to another Acute Care Facility
386	15	M	Extreme Immaturity or Respiratory Distress Syndrome, Neonate
387	15	M	Prematurity w Major Problems
388	15	M	Prematurity w/o Major Problems
389	15	M	Full Term Neonate w Major Problems
390	15	M	Neonate w other Significant Problems
391	15	M	Normal Newborn
392	16	P	Splenectomy Age >17
393	16	P	Splenectomy Age 0-17
394	16	P	Other Operating Room Procedures of Blood & Blood Forming Organs
395	16	M	Red Blood Cell Disorders Age >17
396	16	M	Red Blood Cell Disorders Age 0-17
397	16	M	Coagulation Disorders
398	16	M	Reticuloendothelial & Immunity Disorders w cc
399	16	M	Reticuloendothelial & Immunity Disorders w/o cc
400	00	0	Unused DRG Placeholder Since 10/1/03
401	17	P	Lymphoma & Non-Acute Leukemia w other O.R. Procedure w cc
402	17	P	Lymphoma & Non-Acute Leukemia w other O.R. Procedure w/o cc
403	17	M	Lymphoma & Non-Acute Leukemia w cc
404	17	M	Lymphoma & Non-Acute Leukemia w/o cc
405	17	M	Acute Leukemia w/o Major Operating Room Procedure 0-17
406	17	P	Myeloprolifera Disord/Poorly Diff Neoplasm w Major O.R. Proc w cc
407	17	P	Myeloprolif Disord/Poorly Diff Neoplasm w Major O.R. Proc w/o cc
408	17	P	Myeloproliferative Disord/Poorly Diff Neoplasm w other O.R. Proc
409	17	M	Radiotherapy
410	17	M	Chemotherapy w/o Acute Leukemia as Secondary Diagnosis
411	17	M	History of Malignancy w/o Endoscopy
412	17	M	History of Malignancy w Endoscopy
413	17	M	Other Myeloprolif Disorder or Poorly Diff Neoplasm Diag w cc
414	17	M	Other Myeloprolif Disorder or Poorly Diff Neoplasm Diag w/o cc
415	18	P	Operating Room Procedure for Infectious & Parasitic Diseases
416	18	M	Septicemia Age >17
417	18	M	Septicemia Age 0-17
418	18	M	Postoperative & Post-Traumatic Infections
419	18	M	Fever of Unknown Origin Age >17 w cc
420	18	M	Fever of Unknown Origin Age >17 w/o cc
421	18	M	Viral Illness Age >17
422	18	M	Viral Illness & Fever of Unknown Origin Age 0-17
423	18	M	Other Infectious & Parasitic Diseases Diagnoses
424	19	P	Operating Room Procedure w Principal Diagnoses of Mental Illness
425	19	M	Acute Adjustment Reaction & Psychosocial Dysfunction
426	19	M	Depressive Neuroses
427	19	M	Neurosis except Depressive
428	19	M	Disorders of Personality & Impulse Control
429	19	M	Organic Disturbances & Mental Retardation
430	19	M	Psychoses
431	19	M	Childhood Mental Disorders
432	19	M	Other Mental Disorder Diagnoses

2005 Diagnosis Related Groups (DRG)
Grouper Version 22.0

DRG	MDC	Category	Description
433	20	M	Alcohol/Drug Abuse or Dependence, Left Against Medical Advice
434	00	0	Unused DRG Placeholder Since 10/1/01
435	00	0	Unused DRG Placeholder Since 10/1/01
436	00	0	Unused DRG Placeholder Since 10/1/01
437	00	0	Unused DRG Placeholder Since 10/1/01
438	00	0	Unused DRG Placeholder Since 10/1/85
439	21	P	Skin Grafts for Injuries
440	21	P	Wound Debridements for Injuries
441	21	P	Hand Procedures for Injuries
442	21	P	Other Operating Room Procedures for Injuries w cc
443	21	P	Other Operating Room Procedures for Injuries w/o cc
444	21	M	Traumatic Injury Age >17 w cc
445	21	M	Traumatic Injury Age >17 w/o cc
446	21	M	Traumatic Injury Age 0-17
447	21	M	Allergic Reactions Age >17
448	21	M	Allergic Reactions Age 0-17
449	21	M	Poisoning & Toxic Effects of Drugs Age >17 w cc
450	21	M	Poisoning & Toxic Effects of Drugs Age >17 w/o cc
451	21	M	Poisoning & Toxic Effects of Drugs Age 0-17
452	21	M	Complications of Treatment w cc
453	21	M	Complications of Treatment w/o cc
454	21	M	Other Injury, Poisoning & Toxic Effects Diagnosis w cc
455	21	M	Other Injury, Poisoning & Toxic Effects Diagnosis w/o cc
456	00	0	Unused DRG Placeholder Since 10/1/98
457	00	0	Unused DRG Placeholder Since 10/1/98
458	00	0	Unused DRG Placeholder Since 10/1/98
459	00	0	Unused DRG Placeholder Since 10/1/98
460	00	0	Unused DRG Placeholder Since 10/1/98
461	23	P	O.R. Procedure w Diagnoses of Other Contact w Health Services
462	23	M	Rehabilitation
463	23	M	Signs & Symptoms w cc
464	23	M	Signs & Symptoms w/o cc
465	23	M	Aftercare w History of Malignancy as Secondary Diagnosis
466	23	M	Aftercare w/o History of Malignancy as Secondary Diagnosis
467	23	M	Other Factors Influencing Health Status
468		P	Extensive Operating Rm Procedure Unrelated to Principal Diagnosis
469		M	Principal Diagnosis Invalid as Discharge Diagnosis
470		X	Ungroupable
471	08	P	Bilateral or Multiple Major Joint Procedures of Lower Extremity
472	00	0	Unused DRG Placeholder Since 10/1/98
473	17	M	Acute Leukemia w/o Major Operating Room Procedure Age >17
474	00	0	Unused DRG Placeholder Since 10/1/91
475	04	M	Respiratory System Diagnosis w Ventilator Support
476		P	Prostatic Operating Rm Procedure Unrelated to Principal Diagnosis
477		P	Non-Extensive O.R. Procedure Unrelated to Principal Diagnosis
478	05	P	Other Vascular Procedures w cc
479	05	P	Other Vascular Procedures w/o cc
480		P	Liver Transplant and/or Intestinal Transplant
481		P	Bone Marrow Transplant
482		P	Tracheostomy for Face, Mouth & Neck Diagnoses
483	00	0	Unused DRG Placeholder Since 10/1/04
484	24	P	Craniotomy for Multiple Significant Trauma
485	24	P	Limb Reattach, Hip & Femur Proc for Multiple Significant Trauma
486	24	P	Other Operating Room Procedures for Multiple Significant Trauma

DRG	MDC	Category	Description
487	24	M	Other Multiple Significant Trauma
488	25	P	HIV w Extensive Operating Room Procedure
489	25	M	HIV w Major Related Condition
490	25	M	HIV w or w/o Other Related Condition
491	08	P	Major Joint & Limb Reattachment Procedures of Upper Extremity
492	17	M	Chemotherapy w Acute Leukemia as Secondary Diagnosis
493	07	P	Laparoscopic Cholecystectomy w/o Common Duct Exploration w cc
494	07	P	Laparoscopic Cholecystectomy w/o Common Duct Exploration w/o cc
495		P	Lung Transplant
496	08	P	Combined Anterior/Posterior Spinal Fusion
497	08	P	Spinal Fusion except Cervical w cc
498	08	P	Spinal Fusion except Cervical w/o cc
499	08	P	Back & Neck Procedures ex Spinal Fusion w cc
500	08	P	Back & Neck Procedures ex Spinal Fusion w/o cc
501	08	P	Knee Procedures w Principal Diagnosis of Infection w cc
502	08	P	Knee Procedures w Principal Diagnosis of Infection w/o cc
503	08	P	Knee Procedures w/o Principal Diagnosis of Infection
504	22	P	Extensive or Full Thick Burns w Mech Vent 96+ Hrs w Skin Graft
505	22	M	Extensive or Full Thick Burns w Mech Vent 96+ Hrs w/o Skin Graft
506	22	P	Full Thickness Burn w Skin Grft/Inhalation Injury w cc/Sig Trauma
507	22	P	Full Thickness Burn w Skin Graft/Inhal Injury w/o cc/Sig Trauma
508	22	M	Full Thickness Burn w/o Skin Graft/Inhal Injury w cc/Sig Trauma
509	22	M	Full Thickness Burn w/o Skin Graft/Inhal Injury w/o cc/Sig Trauma
510	22	M	Non-Entensive Burns w cc or Significant Trauma
511	22	M	Non-Entensive Burns w/o cc or Significant Trauma
512		P	Simultaneous Pancreas/Kidney Transplant
513		P	Pancreas Transplant
514	00	0	Unused DRG Placeholder Since 10/1/03
515	05	P	Cardiac Defibrillator Implant w/o Cardiac Catheterization
516	05	P	Percutaneous Cardiovasc Proc w Acute Myocardial Infarction (AMI)
517	05	P	Percutaneous Cardiovasc Proc w Non-Drug Coronary Stent w/o AMI
518	05	P	Percutaneous Cardiovascular Proc w/o Coronary Artery Stent or AMI
519	08	P	Cervical Spinal Fusion w cc
520	08	P	Cervical Spinal Fusion w/o cc
521	20	M	Alcohol/Drug Abuse or Dependence w cc
522	20	M	Alcohol/Drug Abuse or Dependence w Rehab Therapy w/o cc
523	20	M	Alcohol/Drug Abuse or Dependence w/o Rehab Therapy w/o cc
524	01	M	Transient Ischemia
525	05	P	Other Heart Assist System Implant
526	05	P	Percutaneous Cardiovascular Proc w Drug Eluting Stent w AMI
527	05	P	Percutaneous Cardiovascular Proc w Drug Eluting Stent w/o AMI
528	01	P	Intracranial Vascular Procedures w Principal Diagnosis Hemorrhage
529	01	P	Ventricular Shunt Procedures w cc
530	01	P	Ventricular Shunt Procedures w/o cc
531	01	P	Spinal Procedures w cc
532	01	P	Spinal Procedures w/o cc
533	01	P	Extracranial Procedures w cc
534	01	P	Extracranial Procedures w/o cc
535	05	P	Cardiac Defib Implant w Cardiac Cath w AMI/Heart Failure/Shock
536	05	P	Cardiac Defib Implant w Cardiac Cath w/o AMI/Heart Failure/Shock
537	08	P	Local Excis & Removal of Internl Fix Device except Hip/Femur w cc
538	08	P	Local Excis & Removal of Intrnl Fix Device excep Hip/Femur w/o cc
539	17	P	Lymphoma & Leukemia w Major Operating Room Proc w cc
540	17	P	Lymphoma & Leukemia w Major Operating Room Procedure w/o cc

DRG	MDC	Category	Description
541		P	Trach w Mech Vent 96+Hrs or PDx exc Face/Mouth/Neck Dx w Major OR
542		P	Trach w Mech Vent 96+Hrs or PDx ex Face/Mouth/Neck Dx wo Major OR
543	01	P	Craniotomy w Implant of Chemo Agent or Acute Complex CNS PrincDx

DRGs: First, the major diagnostic category (MDC) is assigned based on the principal diagnosis. Then, the record is assigned to one of the diagnosis related groups (DRG) within that MDC.

Pre MDC DRGs: For the eight DRGs listed below, the DRG is assigned first, based on any procedure for transplant or tracheostomy, then it is assigned an MDC based on principal diagnosis:

    103 - Heart Transplant
    480 - Liver Transplant
    481 - Bone Marrow Transplant
    482 - Tracheostomy for Face, Mouth & Neck Diagnoses
    495 - Lung Transplant
    512 - Simultaneous Pancreas/Kidney Transplant
    513 - Pancreas Transplant

Unrelated DRGs: The current version of the Grouper has four DRGs (468, 470, 476, and 477) whose patients may be assigned to a variety of MDCs, based on the principal diagnosis. Patients are assigned to DRGs 468, 476 or 477 when all procedures performed are unrelated to the principal diagnosis. Some patients in DRG 470 are not assigned by the Grouper to any MDC; their MDC is shown as 00 (Ungroupable). Some patients in DRG 470 may have an MDC assignment if there is sufficient information that is not dependent on age, sex, or disposition. Records fall into DRG 470 because the information on the record is considered inconsistent or invalid by the Grouper's algorithm.

CC: Complications or Comorbidities. A **comorbidity** is a pre-existing condition which, because of its presence with a specific principal diagnosis, affects the treatment received, and/or length of stay by at least one day in 75% of the cases, and therefore affects the DRG assignment. A complication is a condition that develops following treatment and may affect the treatment received and/or may affect the length of stay by at least one day in at least 75% of the cases, and therefore affects the DRG assignment.

The Centers for Medicare and Medicaid Services (CMS) developed five principles for complication and comorbidity:

1 - Chronic and acute manifestations of the same condition should not be considered CCs for one another.
2 - Specific and nonspecific diagnosis codes for a condition should not be considered CCs for one another.
3 - Conditions that may not coexist, such as partial/total, unilateral/bilateral, obstructed/unobstructed, and
    benign/malignant should not be considered CCs for one another.
4 - The same condition in anatomically proximal sites, such as congenital/acquired, should not be considered
    CCs for one another.
5 - Closely related conditions, such as symptoms to the related condition (e.g., dysuria and urinary tract
    infection), should not be considered CCs for one another.

Category codes: P = Procedural (surgical)
M = Medical
X = Ungroupable
0 = Unused

Source: DRGs: Diagnostic Related Groups Definitions Manual, Version 22.0, effective 10/1/04, Developed for the Centers for Medicare and Medicaid Services by 3M® Health Information Systems, New Haven CT 06511

APPENDIX D
2005 Data Exceptions

Oshpd_id	Facility Name	Begin Date	End Date	Field	Comments
301098	Anaheim Memorial Medical Center	7/1/2004	2/28/2005	Source of Admission Route	Coders selected code that incorrectly maps to OSHPD's 132 even if the patient was seen in their ER. This may have happened in discharges through February.
330120	Betty Ford Center of Eisenhower, The	7/1/2005	6/30/2006	Race	Facility's system and staff is not consistently collecting race and ethnicity information since system change 7/1/05.
301126	Brea Community Hospital	1/1/2005	3/22/2005	Other	Facility closed and in receivership. Not data possible to report.
190661	City of Angels Medical Center	1/1/2005	6/30/2005	Source of Admission	Errors are due to a mapping issue and lack of training with new staff. There are 1,271 (75%) of records reported in Source of Admission - Other. Data is correct for the July-December 2005 report period.
361458	Colorado River Medical Center	7/1/2005	6/30/2006	Other Diagnoses Condition Present at Admission	System was not equipped to accurately capture data.
440755	Dominican Santa Cruz Hospital - Soquel	1/1/2005	6/30/2005	Expected Source of Payment	Facility changed to a new data abstracting system, incurring mapping errors. Problem has yet to be resolved.
400480	French Hospital - San Luis Obispo	7/1/2004	6/30/2005	Race	Forms for patient to self-declare Race/Ethnicity (except blank and invalid) have not been used consistently, and in some cases staff is self-identifying. Effective 07/01/2004 thru 06/30/2005.
	All Kaiser Foundation Hospitals (see Appendix F, hospital listing for respective ID numbers)	1/1/2005	12/31/2005	Total Charges	Kaiser does not report total charges. Only a small percentage of Kaiser Foundation Hospital patients are not capitated Kaiser members (who incur no additional charge as inpatients). Kaiser members pay constant monthly premiums, whether or not they are hospital inpatients.
540734	Kaweah Delta Healthcare District	7/1/2005	12/31/2005	Race (Race Portion Only)	Facility mapped Race-Other to Race-Unknown for JCAHO and CMS mapping changes. Facility unable to correct 1000+ records manually.
260011	Mammoth Hospital	7/1/2004	6/30/2005	Race	Race and Ethnicity over-reported as 'Unknown'. This unrecoverable data caused OSHPD to turn off edits for Race and Ethnicity through 6/30/2005.
300225	Orange Coast Memorial Medical Center	7/1/2005	12/31/2005	Total Charges	Modification to not report charges for newborns and to combine on the mother's record. Effective through 11/30/2005.
491338	Palm Drive Hospital	7/1/2005	6/30/2006	Race	Race not edited through 6/30/06 because facility had been identifying or stating 'Unknown' instead of patient self-identifying through 4/14/06.
370755	Palomar Medical Center	1/1/2005	6/30/2005	Source of Admission Route	Incorrect Source of Admission - Route through June 2005.
370977	Pomerado Hospital	1/1/2005	6/30/2005	Source of Admission Route	Incorrect Source of Admission - Route through June 2005.

Oshpd_id	Facility Name	Begin Date	End Date	Field	Comments
190468	Promise Hospital of East LA - East LA Campus	1/1/2005	6/30/2005	Date of Birth Type of Care Type of Admission Total Charges Source of Admission Race Principal Diagnosis DNR Expected Source of Payment Disposition	Data elements unedited through June 2005. (Facility consolidated with a larger facility choosing to submit a combined report and installed a new software application that did not work accurately for the collection and mapping of inpatient data.)
410782	San Mateo Medical Center	1/1/2005	12/31/2005	Other	Facility will continue to report in two separate reports. The other ID is 410752.
410752	San Mateo Medical Center Long Term Care Services	1/1/2005	12/31/2005	Other	Facility will report via two seperate reports. The other ID number is 410782.
190712	Shriners Hospital - Los Angeles	1/1/2005	12/31/2005	Total Charges	Both Shriners facilities now report all total charges as $0 rather than $1. Per facility, "this is in keeping with the type of service that Shriners supplies in that services rendered are not charged for." This is different than other reported hospital "No Charge" records, because "1" is a code to identify "no charge" visits (no charges were intended). By reporting charges equal 0, for programming purposes, all records for Shriners now appear to have "missing/invalid data" for Total Charges. See Total Charges definition on page 27 of documentation).
				Expected Source of Payment	
344114	Shriners Hospital - Northern California	1/1/2005	12/31/2005	Total Charges	
				Expected Source of Payment	Expected Source of Payment for all Shriners records are now reported as 'Private, Traditional Coverage' with no plan code (03,3,0000).
400524	Sierra Vista Regional Medical Center	7/1/2005	6/30/2006	Expected Source of Payment	Expected Source of Payment mapped incorrectly.
564121	Thousand Oaks Surgical Hospital	7/1/2005	6/30/2006	Expected Source of Payment	Expected Source of Payment had a mapping issue of the insurance master July through December.
190883	Whittier Hospital Medical Center	7/1/2005	12/31/2005	Prehospital Care and Resuscitation	DNR was left blank for the time period 9/1/05 through 12/31/05 due to a miscommunication.
				Expected Source of Payment	In July and August 2005 payer was not correctly separated between Managed Care-HMO and Managed Care-Other

Data Element Value	Full file	Public file	# Masked by code	% Masked	Data Element Value	Full file	Public file	# Masked by code	% Masked
Sex					**Age in Years at Admisssion**				
* (Masked)	0	**724,378**			Blank (Masked)	**65**	**1,853,435**		
1 - Male	1,643,267	1,297,498	345,769	21.0	0	614,315	505,144	109,171	17.8
2 - Female	2,346,696	1,968,333	378,363	16.1	1	24,520	9,874	14,646	59.7
3 - Other	84	18	66	78.6	2	14,865	4,865	10,000	67.3
4 - Unknown	208	28	180	86.5	3	11,081	3,119	7,962	71.9
Total	3,990,255	3,990,255	**724,378**	18.2	4	9,683	2,749	6,934	71.6
					5	8,712	2,189	6,523	74.9
					6	8,031	2,016	6,015	74.9
Ethnicity					7	7,239	1,762	5,477	75.7
* (Masked)	0	**1,206,080**			8	6,997	1,680	5,317	76.0
1 - Hispanic	1,160,329	827,132	333,197	28.7	9	7,023	1,523	5,500	78.3
2 - Non-Hispanic	2,768,318	1,942,278	826,040	29.8	10	7,319	1,785	5,534	75.6
3 - Unknown	61,608	14,765	46,843	76.0	11	7,672	1,837	5,835	76.1
Total	3,990,255	3,990,255	**1,206,080**	30.2	12	8,839	2,308	6,531	73.9
					13	10,503	2,613	7,890	75.1
					14	13,099	3,137	9,962	76.1
Race					15	16,656	4,335	12,321	74.0
* (Masked)	0	**1,050,193**			16	20,533	6,148	14,385	70.1
1 - White	2,756,646	2,168,966	587,680	21.3	17	24,998	8,747	16,251	65.0
2 - Black	333,617	202,358	131,259	39.3	18	29,361	12,244	17,117	58.3
3- Native Am	15,810	4,676	11,134	70.4	19	35,926	16,900	19,026	53.0
4 - Asian	305,815	182,797	123,018	40.2	20	38,924	18,735	20,189	51.9
5 - Other	525,148	364,419	160,729	30.6	21	39,922	19,271	20,651	51.7
6 - Unknown	53,219	16,846	36,373	68.3	22	42,694	20,877	21,817	51.1
Total	3,990,255	3,990,255	**1,050,193**	26.3	23	43,888	21,538	22,350	50.9
					24	45,503	22,285	23,218	51.0
					25	45,792	22,277	23,515	51.4
					26	45,245	21,464	23,781	52.6
Patient County					27	45,803	21,635	24,168	52.8
* (Masked)	0	294			28	46,665	21,881	24,784	53.1
CE	4,498	4,361	137	3.0	29	47,237	21,965	25,272	53.5
NE	3,161	3,073	88	2.8	30	47,229	21,720	25,509	54.0
NW	7,185	7,116	69	1.0	31	46,732	21,382	25,350	54.2
All others	3,975,411	3,975,411	0	0.0	32	46,241	20,518	25,723	55.6
Total	3,990,255	3,990,255	**294**	0.0	33	46,462	20,617	25,845	55.6
					34	47,615	20,745	26,870	56.4
					35	47,036	20,393	26,643	56.6
Admit Quarter					36	43,191	17,599	25,592	59.3
* (Masked)	0	**136,684**			37	39,771	15,304	24,467	61.5
1	1,004,674	972,170	32,504	3.2	38	37,828	14,235	23,593	62.4
2	992,663	960,651	32,012	3.2	39	37,547	13,855	23,692	63.1
3	1,005,450	972,736	32,714	3.3	40	37,957	13,848	24,109	63.5
4	987,467	948,014	39,453	4.0	41	37,573	13,597	23,976	63.8
Invalid	1	0	1	-	42	37,704	13,594	24,110	63.9
Total	3,990,255	3,990,255	**136,683**	3.4	43	38,448	14,150	24,298	63.2
					44	38,911	14,402	24,509	63.0
					45	39,372	15,229	24,143	61.3
Agecat5					46	40,025	15,369	24,656	61.6
* (Masked)	0	**269,395**			47	40,732	15,869	24,863	61.0
1	614,380	585,543	28,837	4.7	48	41,991	16,690	25,301	60.3
2	207,770	179,628	28,142	13.5	49	42,620	17,063	25,557	60.0
3	741,239	684,793	56,446	7.6	50	42,909	17,568	25,341	59.1
4	1,221,640	1,130,334	91,306	7.5	51	42,396	17,155	25,241	59.5
5	1,205,226	1,140,562	64,664	5.4	52	42,621	17,417	25,204	59.1
Total	3,990,255	3,990,255	**269,395**	6.8	53	41,503	16,685	24,818	59.8
					54	41,196	16,780	24,416	59.3
					55	41,512	17,301	24,211	58.3
					56	42,022	17,285	24,737	58.9
					57	43,147	18,357	24,790	57.5
					58	44,688	19,486	25,202	56.4
					59	38,814	16,192	22,622	58.3
					60	39,372	16,886	22,486	57.1

Data Element Value	Full file	Public file	# Masked by code	% Masked	Data Element Value	Full file	Public file	# Masked by code	% Masked
					(continued from previous page)				
					61	40,967	17,704	23,263	56.8
					62	42,094	18,753	23,341	55.4
					63	39,113	17,040	22,073	56.4
					64	38,580	16,958	21,622	56.0
Agecat20					65	41,588	18,839	22,749	54.7
* (Masked)	0	**531,284**			66	41,540	19,362	22,178	53.4
01	614,380	585,543	28,837	4.7	67	41,818	19,910	21,908	52.4
02	60,149	49,016	11,133	18.5	68	41,439	19,743	21,696	52.4
03	38,002	27,830	10,172	26.8	69	42,589	20,997	21,592	50.7
04	47,432	33,021	14,411	30.4	70	43,253	21,293	21,960	50.8
05	127,474	94,262	33,212	26.1	71	42,499	21,108	21,391	50.3
06	210,931	182,827	28,104	13.3	72	44,043	22,449	21,594	49.0
07	230,742	201,324	29,418	12.7	73	45,658	23,753	21,905	48.0
08	234,279	202,756	31,523	13.5	74	47,468	25,342	22,126	46.6
09	205,373	172,523	32,850	16.0	75	49,156	27,021	22,135	45.0
10	190,593	155,170	35,423	18.6	76	49,226	27,613	21,613	43.9
11	204,740	168,154	36,586	17.9	77	50,362	28,846	21,516	42.7
12	210,625	173,545	37,080	17.6	78	51,563	30,242	21,321	41.3
13	210,183	174,208	35,975	17.1	79	51,887	30,667	21,220	40.9
14	200,126	167,195	32,931	16.5	80	51,729	31,200	20,529	39.7
15	208,974	178,118	30,856	14.8	81	51,689	31,526	20,163	39.0
16	222,921	194,142	28,779	12.9	82	50,278	30,664	19,614	39.0
17	252,194	224,598	27,596	10.9	83	49,403	30,548	18,855	38.2
18	249,468	225,372	24,096	9.7	84	46,369	28,826	17,543	37.8
19	271,669	249,367	22,302	8.2	85+	271,669	222,222	49,447	18.2
Total	3,990,255	3,990,255	**531,284**	13.3	Total	3,990,255	3,990,255	**1,853,370**	46.4

OSHPD ID Number	Parent Facility Name	Zip Code	DHS/DMH* License Number	Level of Data Aggregation**	Total Discharges
	2005 Total				3,990,255
010846	ALAMEDA CO MED CTR - HIGHLAND CAMPUS	94602	140000046	Parent Facility	15,438
010735	ALAMEDA HOSPITAL	94501	140000002	Single Facility	3,138
190017	ALHAMBRA HOSPITAL	91801	930000005	Single Facility	4,322
010844	ALTA BATES SUMMIT MED CTR - HERRICK CAMPUS	94704	140000004	Satellite Facility	3,968
010739	ALTA BATES SUMMIT MED CTR-ALTA BATES CAMPUS	94705	140000004	Parent Facility	24,993
010937	ALTA BATES SUMMIT MED CTR-SUMMIT CAMPUS-HAWT	94609	140000284	Parent Facility	15,682
370652	ALVARADO HOSPITAL MEDICAL CENTER	92120	90000013	Parent Facility	8,434
370749	ALVARADO PARKWAY INSTITUTE B.H.S.	91942	80000079	Single Facility	2,171
194010	AMERICAN RECOVERY CENTER	91768	930000412	Single Facility	1,335
301097	ANAHEIM GENERAL HOSPITAL	92804	60000079	Parent Facility	3,653
301098	ANAHEIM MEMORIAL MEDICAL CENTER	92801	60000080	Parent Facility	15,713
190034	ANTELOPE VALLEY HOSPITAL MEDICAL CENTER	93534	930000008	Single Facility	28,146
364231	ARROWHEAD REGIONAL MEDICAL CENTER	92314	240000197	Single Facility	24,664
400466	ARROYO GRANDE COMMUNITY HOSPITAL	93420	50000021	Single Facility	2,733
190163	AURORA CHARTER OAK	91724	930000031	Single Facility	3,909
190462	AURORA LAS ENCINAS HOSPITAL, LLC	91107	930000087	Single Facility	2,828
374024	AURORA SAN DIEGO	92128	80000310	Single Facility	2,592
560203	AURORA VISTA DEL MAR HOSPITAL	93001	50000016	Single Facility	3,023
154101	BAKERSFIELD HEART HOSPITAL	93308	120000526	Single Facility	3895
154044	BAKERSFIELD MEMORIAL HOSPITAL - WHITE LANE	93309	120000181	Satellite Facility	878
150722	BAKERSFIELD MEMORIAL HOSPITAL- 34TH STREET	93301	120000181	Parent Facility	16,606
184008	BANNER LASSEN MEDICAL CENTER	96130	230000020	Single Facility	1,422
190052	BARLOW RESPIRATORY HOSPITAL	90026	930000011	Single Facility	582
361105	BARSTOW COMMUNITY HOSPITAL	92311	240000110	Single Facility	3233
090793	BARTON MEMORIAL HOSPITAL	96150	30000013	Single Facility	4,175
361110	BEAR VALLEY COMMUNITY HOSPITAL	92315	240000111	Single Facility	309
190066	BELLFLOWER MEDICAL CENTER	90706	930000015	Single Facility	6117
330120	BETTY FORD CENTER AT EISENHOWER, THE	92270	250000049	Single Facility	900
190081	BEVERLY HOSPITAL	90640	930000389	Single Facility	12,249
190020	BHC ALHAMBRA HOSPITAL	91770	930000006	Single Facility	3,292
040802	BIGGS GRIDLEY MEMORIAL HOSPITAL	95948	230000007	Single Facility	907
190110	BROTMAN MEDICAL CENTER	90231	930000022	Single Facility	9363
044006	BUTTE COUNTY PHF	95926	MH1016001	Single Facility	976
190125	CALIFORNIA HOSPITAL MEDICAL CENTER - LOS ANGELE	90015	930000024	Single Facility	18,285
380929	CALIFORNIA PACIFIC MED CTR-PACIFIC CAMPUS	94115	220000197	Parent Facility	35,459
364050	CANYON RIDGE HOSPITAL	91710	240000357	Single Facility	2,696
190137	CASA COLINA HOSPITAL FOR REHAB MEDICINE	91767	930000026	Single Facility	1,107
190045	CATALINA ISLAND MEDICAL CENTER	90704	930000010	Single Facility	44
190555	CEDARS SINAI MEDICAL CENTER	90048	930000110	Single Facility	53,563
190148	CENTINELA FREEMAN REG MED CTR - CENTINELA CAMI	90301	930000027	Single Facility	17,771
190500	CENTINELA FREEMAN REG MED CTR - MARINA CAMPUS	90291	930000096	Single Facility	2,927
190230	CENTINELA FREEMAN REG MED CTR - MEMORIAL CAMP	90301	930000044	Single Facility	12,523
160787	CENTRAL VALLEY GENERAL HOSPITAL	93230	40000140	Single Facility	5593
190155	CENTURY CITY DOCTORS HOSPITAL	90067	930000029	Single Facility	271
301140	CHAPMAN MEDICAL CENTER	92669	60000097	Single Facility	2,410
370673	CHILDREN'S HOSPITAL - SAN DIEGO	92123	80000028	Parent Facility	13,550
010776	CHILDRENS HOSPITAL AND RESEARCH CTR AT OAKLAN	94609	140000015	Single Facility	9,529
304113	CHILDREN'S HOSPITAL AT MISSION	92691	60000348	Single Facility	2,180
204019	CHILDREN'S HOSPITAL CENTRAL CALIFORNIA	93638	40000160	Single Facility	12,123
190170	CHILDREN'S HOSPITAL OF LOS ANGELES	90027	930000032	Single Facility	11,312
300032	CHILDREN'S HOSPITAL OF ORANGE COUNTY	92668	60000011	Single Facility	10,517
434051	CHILDRENS RECOVERY CENTER OF NORTHERN CALIFO	95008	70000320	Single Facility	23
382715	CHINESE HOSPITAL	94133	220000122	Single Facility	2,226

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361144	CHINO VALLEY MEDICAL CENTER	91710	240000125	Single Facility	7,819
200692	CHOWCHILLA DISTRICT MEMORIAL HOSPITAL	93610	40000083	Single Facility	58
190413	CITRUS VALLEY MEDICAL CENTER - IC CAMPUS	91723	930000131	Satellite Facility	8,491
190636	CITRUS VALLEY MEDICAL CENTER - QV CAMPUS	91790	930000131	Parent Facility	23,106
190661	CITY OF ANGELS MEDICAL CENTER-DOWNTOWN CAMP	90026	930000137	Parent Facility	3,314
190410	CITY OF ANGELS MEDICAL CENTER-INGLESIDE CAMPUS	91770	930000137	Satellite Facility	3,676
100697	COALINGA REGIONAL MEDICAL CENTER	93210	40000085	Single Facility	789
190766	COAST PLAZA DOCTORS HOSPITAL	90650	930000162	Single Facility	4441
301258	COASTAL COMMUNITIES HOSPITAL	92704	60000143	Single Facility	7,984
190184	COLLEGE HOSPITAL	90701	930000036	Single Facility	6,602
301155	COLLEGE HOSPITAL COSTA MESA	92627	60000100	Single Facility	4,606
361458	COLORADO RIVER MEDICAL CENTER	92363	240000227	Single Facility	1,858
060870	COLUSA REGIONAL MEDICAL CENTER	95932	230000149	Single Facility	1,311
190197	COMMUNITY AND MISSION HSP OF HNTG PK - SLAUSON	90255	930000038	Parent Facility	7,977
270744	COMMUNITY HOSPITAL MONTEREY PENINSULA	93940	70000026	Single Facility	13,545
190196	COMMUNITY HOSPITAL OF GARDENA	90247	930000037	Single Facility	541
190475	COMMUNITY HOSPITAL OF LONG BEACH	90804	930000090	Single Facility	3,735
430743	COMMUNITY HOSPITAL OF LOS GATOS	95030	70000025	Single Facility	5,657
361323	COMMUNITY HOSPITAL OF SAN BERNARDINO	92411	240000198	Single Facility	12,510
100005	COMMUNITY MEDICAL CENTER - CLOVIS	93612	40000004	Single Facility	12,119
560473	COMMUNITY MEMORIAL HOSPITAL-SAN BUENAVENTUR	93003	50000026	Single Facility	17,229
100717	COMMUNITY REGIONAL MEDICAL CENTER - FRESNO	93721	40000096	Parent Facility	30,996
374094	CONTINENTAL REHABILITATION HOSPITAL OF SAN DIEG	92103	90000404	Single Facility	821
070924	CONTRA COSTA REGIONAL MEDICAL CENTER	94553	140000090	Single Facility	11101
160702	CORCORAN DISTRICT HOSPITAL	93212	40000087	Single Facility	535
331152	CORONA REGIONAL MEDICAL CENTER-MAIN	92882	250000126	Parent Facility	11866
390846	DAMERON HOSPITAL	95203	30000024	Single Facility	15,382
190232	DEL AMO HOSPITAL	90505	930000045	Single Facility	2,970
150706	DELANO REGIONAL MEDICAL CENTER	93215	120000180	Single Facility	4,750
331164	DESERT REGIONAL MEDICAL CENTER	92262	250000139	Single Facility	21,973
364144	DESERT VALLEY HOSPITAL	92392	240000562	Single Facility	7,155
361166	DOCTORS' HOSPITAL MEDICAL CENTER OF MONTCLAIR	91763	240000141	Single Facility	7,416
392287	DOCTORS HOSPITAL OF MANTECA	95336	30000203	Single Facility	4,994
190857	DOCTORS HOSPITAL OF WEST COVINA, INC	91790	930000188	Single Facility	406
500852	DOCTORS MEDICAL CENTER	95350	30000026	Parent Facility	23,021
070904	DOCTORS MEDICAL CENTER - SAN PABLO CAMPUS	94806	110000485	Parent Facility	8,277
440755	DOMINICAN HOSPITAL-SANTA CRUZ/SOQUEL	95065	70000030	Parent Facility	13963
240853	DOS PALOS MEMORIAL HOSPITAL	93620	40000168	Single Facility	26
190243	DOWNEY REGIONAL MEDICAL CENTER	90241	930000048	Parent Facility	12,498
196168	EARL AND LORRAINE MILLER CHILDRENS HOSPITAL	90806	930000949	Single Facility	21,294
190256	EAST LOS ANGELES DOCTORS HOSPITAL	90023	930000049	Single Facility	4853
190328	EAST VALLEY HOSPITAL MEDICAL CENTER	91740	930000060	Single Facility	3,428
320859	EASTERN PLUMAS HOSPITAL-PORTOLA CAMPUS	96122	230000014	Parent Facility	484
010805	EDEN MEDICAL CENTER	94546	140000030	Parent Facility	10,745
331168	EISENHOWER MEMORIAL HOSPITAL	92270	250000142	Single Facility	17,276
430763	EL CAMINO HOSPITAL	94040	70000660	Single Facility	20353
130699	EL CENTRO REGIONAL MEDICAL CENTER	92243	90000004	Single Facility	8,113
094002	EL DORADO COUNTY P H F	95667	MH1015002	Single Facility	415
500867	EMANUEL MEDICAL CENTER, INC	95380	30000035	Single Facility	14,260
190280	ENCINO-TARZANA REGIONAL MED CTR-ENCINO	91436	930000051	Single Facility	4,033
190517	ENCINO-TARZANA REGIONAL MED CTR-TARZANA	91356	930000097	Single Facility	16869
040962	ENLOE MEDICAL CENTER- ESPLANADE CAMPUS	95926	230000027	Parent Facility	15,591
474007	FAIRCHILD MEDICAL CENTER	96097	230000035	Single Facility	2,107
370705	FALLBROOK HOSPITAL DISTRICT	92028	80000005	Parent Facility	3,384

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040875	FEATHER RIVER HOSPITAL	95969	230000017	Single Facility	5,260
190298	FOOTHILL PRESBYTERIAN HOSPITAL-JOHNSTON MEMO	91741	930000052	Single Facility	5,944
301175	FOUNTAIN VALLEY RGNL HOSP AND MED CTR - EUCLID	92708	60000109	Parent Facility	20,653
230949	FRANK R HOWARD MEMORIAL HOSPITAL	95490	110000013	Single Facility	1,135
014034	FREMONT HOSPITAL	94538	140000347	Single Facility	3,321
510882	FREMONT MEDICAL CENTER	95991	230000126	Satellite Facility	8,660
400480	FRENCH HOSPITAL MEDICAL CENTER	93401	50000031	Single Facility	4,766
104089	FRESNO COUNTY PSYCHIATRIC HEALTH FACILITY	93702	MH1016028	Single Facility	633
105029	FRESNO HEART HOSPITAL	93720	40000551	Single Facility	2,477
104047	FRESNO SURGERY CENTER	93710	40000332	Single Facility	1,584
301283	GARDEN GROVE HOSPITAL AND MEDICAL CENTER	92643	60000152	Single Facility	10,290
190315	GARFIELD MEDICAL CENTER	91754	930000057	Single Facility	15991
190317	GATEWAYS HOSPITAL AND MENTAL HEALTH CENTER	90026	930000058	Single Facility	676
270777	GEORGE L MEE MEMORIAL HOSPITAL	93930	70000047	Single Facility	2,411
190323	GLENDALE ADVENTIST MEDICAL CENTER - WILSON TER	91206	930000059	Single Facility	20,194
190522	GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER	91204	930000099	Single Facility	15,725
110889	GLENN MEDICAL CENTER	95988	230000018	Single Facility	319
420483	GOLETA VALLEY COTTAGE HOSPITAL	93111	50000034	Single Facility	2,438
150775	GOOD SAMARITAN HOSPITAL-BAKERSFIELD	93308	120000146	Single Facility	2,547
190392	GOOD SAMARITAN HOSPITAL-LOS ANGELES	90017	930000071	Single Facility	21,735
430779	GOOD SAMARITAN HOSPITAL-SAN JOSE	95124	70000048	Parent Facility	20502
190352	GREATER EL MONTE COMMUNITY HOSPITAL	91733	930000063	Single Facility	4,723
370714	GROSSMONT HOSPITAL	91942	80000006	Single Facility	28,106
160725	HANFORD COMMUNITY MEDICAL CENTER	93230	40000102	Parent Facility	4,483
350784	HAZEL HAWKINS MEMORIAL HOSPITAL	95023	70000004	Parent Facility	3,407
490964	HEALDSBURG DISTRICT HOSPITAL	95448	110000019	Single Facility	669
304159	HEALTHBRIDGE CHILDREN'S HOSPITAL-ORANGE	92866	60000530	Single Facility	52
154022	HEALTHSOUTH BAKERSFIELD REHABILITATION HOSPIT/	93309	120000248	Single Facility	1,151
304079	HEALTHSOUTH TUSTIN REHABILITATION HOSPITAL	92680	60000303	Single Facility	1,160
190176	HELFORD CLINICAL RESEARCH HOSPITAL AT CITY OF H	91010	930000033	Single Facility	4631
331194	HEMET VALLEY MEDICAL CENTER	92543	250000145	Single Facility	16411
190949	HENRY MAYO NEWHALL MEMORIAL HOSPITAL	91355	930000206	Single Facility	12,742
344021	HERITAGE OAKS HOSPITAL	95841	30000357	Single Facility	2,578
362041	HI-DESERT MEDICAL CENTER	92252	240000231	Single Facility	4390
301205	HOAG MEMORIAL HOSPITAL PRESBYTERIAN	92663	60000122	Single Facility	29,689
190380	HOLLYWOOD COMMUNITY HOSPITAL OF HOLLYWOOD	90028	930000066	Parent Facility	1,957
190814	HOLLYWOOD COMMUNITY HOSPITAL OF VAN NUYS	91401	930000066	Satellite Facility	2,339
190382	HOLLYWOOD PRESBYTERIAN MEDICAL CENTER	90027	930000067	Single Facility	18,963
301209	HUNTINGTON BEACH HOSPITAL	92647	60000124	Single Facility	4,460
190400	HUNTINGTON MEMORIAL HOSPITAL	91105	930000372	Single Facility	28,708
320874	INDIAN VALLEY HOSPITAL	95947	230000016	Single Facility	111
304045	IRVINE REGIONAL HOSPITAL AND MEDICAL CENTER	92718	60000275	Single Facility	11,089
121031	JEROLD PHELPS COMMUNITY HOSPITAL	95542	110000052	Single Facility	94
380842	JEWISH HOME	94112	220000224	Single Facility	349
220733	JOHN C FREMONT HEALTHCARE DISTRICT	95338	40000108	Single Facility	223
331216	JOHN F KENNEDY MEMORIAL HOSPITAL	92201	250000155	Single Facility	12569
070988	JOHN MUIR MEDICAL CENTER	94598	140000265	Single Facility	21135
394009	KAISER FDN HOSP - MANTECA	95336	30000393	Single Facility	3,330
301132	KAISER FND HOSP - ANAHEIM	92807	60000091	Single Facility	15,584
196035	KAISER FND HOSP - BALDWIN PARK	91706	930000920	Single Facility	16,595
190430	KAISER FND HOSP - BELLFLOWER	90706	930000078	Single Facility	21,750
361223	KAISER FND HOSP - FONTANA	92335	240000159	Single Facility	27,593
014132	KAISER FND HOSP - FREMONT	94538	140000053	Satellite Facility	5,485
104062	KAISER FND HOSP - FRESNO	93720	40000384	Single Facility	10,026

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380857	KAISER FND HOSP - GEARY S F	94115	220000188	Parent Facility	17,059
190431	KAISER FND HOSP - HARBOR CITY	90710	930000079	Parent Facility	14,437
010858	KAISER FND HOSP - HAYWARD	94545	140000053	Parent Facility	15,500
190646	KAISER FND HOSP - MENTAL HEALTH CENTER	90012	930000077	Satellite Facility	2,380
010856	KAISER FND HOSP - OAKLAND CAMPUS	94611	140000052	Parent Facility	18,673
190432	KAISER FND HOSP - PANORAMA CITY	91402	930000080	Single Facility	14,347
364110	KAISER FND HOSP - PERMANENTE CHEM DEP PROGRA	92335	240000488	Single Facility	538
410804	KAISER FND HOSP - REDWOOD CITY	94063	220000021	Single Facility	9742
480989	KAISER FND HOSP - REHABILITATION CENTER VALLEJO	94590	110000026	Single Facility	17,698
334025	KAISER FND HOSP - RIVERSIDE	92505	250000327	Single Facility	18,576
314024	KAISER FND HOSP - SACRAMENTO/ROSEVILLE - EUREK	95661	30000052	Satellite Facility	10,991
340913	KAISER FND HOSP - SACRAMENTO/ROSEVILLE - MORSE	95825	30000052	Parent Facility	21,496
370730	KAISER FND HOSP - SAN DIEGO	92120	80000062	Parent Facility	29,718
210992	KAISER FND HOSP - SAN RAFAEL	94903	110000357	Single Facility	6,484
430805	KAISER FND HOSP - SANTA CLARA	95051	70000661	Single Facility	20,176
494019	KAISER FND HOSP - SANTA ROSA	95403	110000213	Single Facility	10,142
431506	KAISER FND HOSP - SANTA TERESA COMMUNITY HOSP	95119	70000117	Single Facility	16,770
342344	KAISER FND HOSP - SOUTH SACRAMENTO	95823	30000228	Single Facility	16,252
410806	KAISER FND HOSP - SOUTH SAN FRANCISCO	94080	220000022	Single Facility	7,419
190429	KAISER FND HOSP - SUNSET	90027	930000077	Parent Facility	23,084
070990	KAISER FND HOSP - WALNUT CREEK	94596	140000290	Parent Facility	22,359
190434	KAISER FND HOSP - WEST LA	90034	930000081	Single Facility	12,003
191450	KAISER FND HOSP - WOODLAND HILLS	91367	930000358	Single Facility	13,952
071010	KAISER FND HOSP-MARTINEZ/WALNUT CREEK (MUIR RI	94553	140000290	Satellite Facility	1,353
074093	KAISER FNDN HOSP - RICHMOND CAMPUS	94804	140000052	Satellite Facility	3559
540734	KAWEAH DELTA DISTRICT HOSPITAL	93291	120000580	Parent Facility	24,523
190150	KEDREN COMMUNITY MENTAL HEALTH CENTER	90011	930000028	Single Facility	812
210993	KENTFIELD REHABILITATION HOSPITAL	94904	110000358	Single Facility	537
150736	KERN MEDICAL CENTER	93305	120000182	Single Facility	17302
150737	KERN VALLEY HEALTHCARE DISTRICT	93240	120000183	Single Facility	1,310
190449	KINDRED HOSPITAL - LA MIRADA	90637	930000084	Parent Facility	2,060
190305	KINDRED HOSPITAL - LOS ANGELES	90056	930000053	Single Facility	605
344035	KINDRED HOSPITAL - SACRAMENTO	95630	30000377	Single Facility	264
370721	KINDRED HOSPITAL - SAN DIEGO	92104	90000059	Single Facility	380
010887	KINDRED HOSPITAL - SAN FRANCISCO BAY AREA	94577	140000066	Single Facility	366
301127	KINDRED HOSPITAL BREA	92621	60000407	Single Facility	499
500954	KINDRED HOSPITAL MODESTO	95354	30000464	Single Facility	942
361274	KINDRED HOSPITAL ONTARIO	91764	240000561	Single Facility	938
301380	KINDRED HOSPITAL WESTMINSTER	92683	60000183	Single Facility	840
100745	KINGSBURG MEDICAL CENTER	93631	40000116	Single Facility	488
194981	LA CASA PSYCHIATRIC HEALTH FACILITY	90805	MH2014031	Single Facility	123
301234	LA PALMA INTERCOMMUNITY HOSPITAL	90623	60000136	Single Facility	5304
191306	LAC/RANCHO LOS AMIGOS NATIONAL REHAB CENTER	90242	60000161	Single Facility	2,347
380865	LAGUNA HONDA HOSPITAL AND REHABILITATION CENTE	94116	220000040	Single Facility	1,395
190240	LAKEWOOD REGIONAL MEDICAL CENTER	90712	930000046	Single Facility	8,907
190455	LANCASTER COMMUNITY HOSPITAL	93534	930000085	Single Facility	6,293
380868	LANGLEY PORTER PSYCHIATRIC INSTITUTE	94143	220000377	Single Facility	767
190680	LITTLE COMPANY OF MARY - SAN PEDRO HOSPITAL	90732	930000142	Parent Facility	8331
190470	LITTLE COMPANY OF MARY HOSPITAL	90503	930000089	Parent Facility	20,852
390923	LODI MEMORIAL HOSPITAL	95240	30000056	Consolidated	8,739
364014	LOMA LINDA UNIVERSITY BEHAVORIAL MEDICINE CENT	92373	240000281	Single Facility	4,268
361246	LOMA LINDA UNIVERSITY MEDICAL CENTER	92354	240000169	Parent Facility	33,705
420491	LOMPOC HEALTHCARE DISTRICT	93436	50000038	Single Facility	3,119
190525	LONG BEACH MEMORIAL MEDICAL CENTER	90806	930000102	Single Facility	23,665

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301248	LOS ALAMITOS MEDICAL CENTER	90720	60000142	Single Facility	11,348
191227	LOS ANGELES CO HARBOR-UCLA MEDICAL CENTER	90502	60000129	Single Facility	21,764
191230	LOS ANGELES CO MARTIN LUTHER KING JR/DREW MED	90059	60000132	Single Facility	11,400
191228	LOS ANGELES CO USC MEDICAL CENTER	90033	60000130	Single Facility	35,401
190198	LOS ANGELES COMMUNITY HOSPITAL	90023	930000039	Parent Facility	5,101
191231	LOS ANGELES COUNTY OLIVE VIEW-UCLA MEDICAL CEN	91342	60000133	Single Facility	14,149
190854	LOS ANGELES METROPOLITAN MEDICAL CENTER	90018	930000187	Parent Facility	8,067
560492	LOS ROBLES HOSPITAL AND MEDICAL CENTER	91360	50000039	Parent Facility	15,009
434040	LUCILE SALTER PACKARD CHILDREN'S HOSP. AT STANF	94304	70000659	Single Facility	17,463
121002	MAD RIVER COMMUNITY HOSPITAL	95521	110000031	Single Facility	3,146
201281	MADERA COMMUNITY HOSPITAL	93637	40000191	Single Facility	7,373
260011	MAMMOTH HOSPITAL	93546	240000008	Single Facility	853
420493	MARIAN MEDICAL CENTER	93454	50000040	Single Facility	14223
244027	MARIE GREEN PSYCHIATRIC CENTER - P H F	95340	MH1016088	Single Facility	622
211006	MARIN GENERAL HOSPITAL	94904	110000361	Single Facility	12743
050932	MARK TWAIN ST. JOSEPH'S HOSPITAL	95249	30000058	Single Facility	2,008
090933	MARSHALL MEDICAL CENTER	95667	30000059	Single Facility	6,696
450936	MAYERS MEMORIAL HOSPITAL	96028	230000021	Single Facility	590
240924	MEMORIAL HOSPITAL LOS BANOS	93635	40000177	Single Facility	2645
500939	MEMORIAL HOSPITAL MEDICAL CENTER - MODESTO	95355	30000061	Single Facility	20,245
190521	MEMORIAL HOSPITAL OF GARDENA	90247	930000098	Single Facility	6,990
231013	MENDOCINO COAST DISTRICT HOSPITAL	95437	110000040	Single Facility	1,874
334018	MENIFEE VALLEY MEDICAL CENTER	92585	250000338	Single Facility	5,433
414018	MENLO PARK SURGICAL HOSPITAL	94025	220000276	Single Facility	419
340947	MERCY GENERAL HOSPITAL	95819	30000062	Parent Facility	20810
150761	MERCY HOSPITAL - BAKERSFIELD	93301	120000184	Parent Facility	17,472
344029	MERCY HOSPITAL - FOLSOM	95630	30000372	Single Facility	5,634
450949	MERCY MEDICAL CENTER	96001	230000024	Single Facility	14,508
240942	MERCY MEDICAL CENTER MERCED-COMMUNITY CAMPU	95340	40000178	Parent Facility	13,147
470871	MERCY MEDICAL CENTER MT. SHASTA	96067	230000015	Single Facility	1,807
340950	MERCY SAN JUAN HOSPITAL	95608	30000063	Parent Facility	20097
340951	METHODIST HOSPITAL OF SACRAMENTO	95823	30000064	Single Facility	9,468
190529	METHODIST HOSPITAL OF SOUTHERN CALIFORNIA	91007	930000103	Single Facility	18,746
190681	MIRACLE MILE MEDICAL CENTER	90036	930000143	Single Facility	100
190524	MISSION COMMUNITY HOSPITAL - PANORAMA CAMPUS	91402	930000101	Parent Facility	7,030
301262	MISSION HOSPITAL REGIONAL MEDICAL CENTER	92691	60000146	Single Facility	19,162
250956	MODOC MEDICAL CENTER	96101	230000026	Single Facility	213
190547	MONTEREY PARK HOSPITAL	91754	930000108	Single Facility	7,443
334048	MORENO VALLEY COMMUNITY HOSPITAL	92555	250000398	Single Facility	8,144
190552	MOTION PICTURE AND TELEVISION HOSPITAL	91364	930000109	Single Facility	1235
361266	MOUNTAINS COMMUNITY HOSPITAL	92352	240000176	Single Facility	769
013687	MPI CHEMICAL DEPENDENCY RECOVERY HOSPITAL	94609	140000232	Single Facility	588
071018	MT. DIABLO MEDICAL CENTER	94520	140000128	Single Facility	9,861
074039	MT. DIABLO MEDICAL PAVILION	94520	140000418	Single Facility	2432
281297	N M HOLDERMAN MEMORIAL HOSPITAL (VET'S HOME OI	94599	150000494	Single Facility	671
274043	NATIVIDAD MEDICAL CENTER	93906	70000070	Single Facility	10,532
301304	NEWPORT BAY HOSPITAL	92663	60000160	Single Facility	794
481357	NORTH BAY MEDICAL CENTER	94533	110000093	Parent Facility	7149
484001	NORTH BAY VACAVALLEY HOSPITAL	95687	110000093	Satellite Facility	2,465
514033	NORTH VALLEY BEHAVIORAL HEALTH	95993	MH0201160	Parent Facility	112
454012	NORTHERN CALIFORNIA REHABILITATION HOSPITAL	96001	230000191	Single Facility	1,335
141273	NORTHERN INYO HOSPITAL	93514	240000179	Single Facility	1,360
190568	NORTHRIDGE HOSPITAL MEDICAL CENTER	91328	930000114	Single Facility	19,322
190570	NORWALK COMMUNITY HOSPITAL	90650	930000039	Satellite Facility	2,162

See footnotes on last page

OSHPD ID Number	Parent Facility Name	Zip Code	DHS/DMH* License Number	Level of Data Aggregation**	Total Discharges
214034	NOVATO COMMUNITY HOSPITAL - ROLAND WAY	94945	110000375	Single Facility	2,068
500967	OAK VALLEY DISTRICT HOSPITAL (2-RH)	95361	30000069	Parent Facility	2,603
334457	OASIS PSYCHIATRIC HEALTH FACILITY	92201	MH2016032	Single Facility	665
430837	O'CONNOR HOSPITAL - SAN JOSE	95128	70000072	Single Facility	18,325
560501	OJAI VALLEY COMMUNITY HOSPITAL	93023	50000045	Parent Facility	1,346
190534	OLYMPIA MEDICAL CENTER	90019	930000105	Single Facility	6150
300225	ORANGE COAST MEMORIAL MEDICAL CENTER	92708	60000066	Single Facility	12,729
040937	OROVILLE HOSPITAL	95966	230000022	Single Facility	8,905
190581	ORTHOPAEDIC HOSPITAL	90007	930000116	Single Facility	806
190307	PACIFIC ALLIANCE MEDICAL CENTER, INC.	90012	930000054	Single Facility	7,836
190587	PACIFIC HOSPITAL OF LONG BEACH	90806	930000117	Parent Facility	7,452
560838	PACIFIC SHORES HOSPITAL	93030	50000231	Single Facility	357
190696	PACIFICA HOSPITAL OF THE VALLEY	91352	930000148	Single Facility	6,933
491338	PALM DRIVE HOSPITAL	95472	110000091	Single Facility	1093
331288	PALO VERDE HOSPITAL	92225	250000184	Single Facility	1,664
370755	PALOMAR MEDICAL CENTER	92025	80000083	Parent Facility	25,667
370759	PARADISE VALLEY HOSPITAL	91950	90000086	Parent Facility	15,229
331293	PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER	92503	250000186	Single Facility	10,531
454013	PATIENTS' HOSPITAL OF REDDING	96001	230000195	Single Facility	362
410852	PENINSULA MEDICAL CENTER	94010	220000037	Parent Facility	17,929
491001	PETALUMA VALLEY HOSPITAL	94954	110000001	Single Facility	4012
130760	PIONEERS MEMORIAL HOSPITAL	92227	90000087	Single Facility	6,742
301297	PLACENTIA LINDA HOSPITAL	92670	60000157	Single Facility	5,445
320986	PLUMAS DISTRICT HOSPITAL	95971	230000030	Single Facility	771
370977	POMERADO HOSPITAL	92064	80000127	Single Facility	8,623
190630	POMONA VALLEY HOSPITAL MEDICAL CENTER	91767	930000128	Single Facility	28284
190631	PRESBYTERIAN INTERCOMMUNITY HOSPITAL	90602	930000129	Single Facility	22,065
190468	PROMISE HOSPITAL OF EAST LOS ANGELES - EAST L.A.	90033	930000088	Parent Facility	4,469
190599	PROMISE HOSPITAL OF EAST LOS ANGELES - SUBURBA	90723	930000088	Satellite Facility	1,031
190385	PROVIDENCE HOLY CROSS MEDICAL CENTER	91345	930000404	Single Facility	17796
190758	PROVIDENCE SAINT JOSEPH MEDICAL CENTER	91505	930000159	Single Facility	23,078
281047	QUEEN OF THE VALLEY HOSPITAL - NAPA	94558	110000060	Single Facility	9,189
171049	REDBUD COMMUNITY HOSPITAL	95422	110000174	Single Facility	1,956
361308	REDLANDS COMMUNITY HOSPITAL	92373	240000191	Single Facility	15,488
121051	REDWOOD MEMORIAL HOSPITAL	95540	110000173	Single Facility	2,023
430705	REGIONAL MEDICAL OF SAN JOSE	95116	70000005	Single Facility	12,874
424047	REHABILITATION INSTITUTE AT SANTA BARBARA	93105	50000108	Single Facility	692
580996	RIDEOUT MEMORIAL HOSPITAL	95901	230000126	Parent Facility	6,223
150782	RIDGECREST REGIONAL HOSPITAL	93555	120000186	Single Facility	3145
331226	RIVERSIDE CENTER FOR BEHAVIORAL MEDICINE	92506	250000476	Single Facility	1,098
331312	RIVERSIDE COMMUNITY HOSPITAL	92501	250000194	Single Facility	21,159
334487	RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	92555	250000195	Parent Facility	21,799
344011	SACRAMENTO COUNTY MENTAL HEALTH TREATMENT C	95817	MH1082011	Single Facility	3,118
301317	SADDLEBACK MEMORIAL MEDICAL CENTER - LAGUNA H	92653	60000166	Parent Facility	19,161
301325	SADDLEBACK MEMORIAL MEDICAL CENTER - SAN CLEM	92673	60000166	Satellite Facility	2,811
270875	SALINAS VALLEY MEMORIAL HOSPITAL	93901	70000083	Single Facility	14,981
361318	SAN ANTONIO COMMUNITY HOSPITAL	91786	240000196	Single Facility	16,860
374055	SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL	92110	90000092	Parent Facility	1,140
374084	SAN DIEGO HOSPICE AND PALLIATIVE CARE-ACUTE CAI	92103	80000392	Single Facility	800
190673	SAN DIMAS COMMUNITY HOSPITAL	91773	930000139	Single Facility	4,828
380939	SAN FRANCISCO GENERAL HOSPITAL	94110	220000063	Single Facility	18,233
190200	SAN GABRIEL VALLEY MEDICAL CENTER	91776	930000041	Single Facility	10367
331326	SAN GORGONIO MEMORIAL HOSPITAL	92220	250000199	Single Facility	4,453
150788	SAN JOAQUIN COMMUNITY HOSPITAL	93301	120000187	Single Facility	11,234

OSHPD ID Number	Parent Facility Name	Zip Code	DHS/DMH* License Number	Level of Data Aggregation**	Total Discharges
394003	SAN JOAQUIN COUNTY P.H.F.	95202	MH1040012	Single Facility	1,259
391010	SAN JOAQUIN GENERAL HOSPITAL	95231	30000087	Single Facility	12,525
104023	SAN JOAQUIN VALLEY REHABILITATION HOSPITAL	93720	40000280	Single Facility	1,194
013619	SAN LEANDRO HOSPITAL	94578	140000030	Satellite Facility	5,875
404046	SAN LUIS OBISPO CO PSYCHIATRIC HEALTH FACILITY	93401	MH2016035	Single Facility	1,193
410782	SAN MATEO MEDICAL CENTER	94403	220000015	Parent Facility	3,502
410752	SAN MATEO MEDICAL CENTER LONG TERM CARE SERV	94402	220000015	Satellite Facility	490
074017	SAN RAMON REGIONAL MEDICAL CENTER	94583	140000345	Parent Facility	5,940
420514	SANTA BARBARA COTTAGE HOSPITAL	93105	50000140	Parent Facility	20,324
424002	SANTA BARBARA COUNTY P.H.F.	93110	MH1016014	Single Facility	348
430883	SANTA CLARA VALLEY MEDICAL CENTER	95128	70000085	Parent Facility	28917
190687	SANTA MONICA - UCLA MEDICAL CENTER	90404	930000146	Single Facility	11,310
491064	SANTA ROSA MEMORIAL HOSPITAL-MONTGOMERY	95405	140000648	Parent Facility	14951
420522	SANTA YNEZ VALLEY COTTAGE HOSPITAL	93463	50000057	Single Facility	295
371256	SCRIPPS GREEN HOSPITAL	92037	80000139	Single Facility	10250
371394	SCRIPPS MEMORIAL HOSPITAL - ENCINITAS	92024	80000148	Single Facility	8,700
370771	SCRIPPS MEMORIAL HOSPITAL - LA JOLLA	92037	80000050	Single Facility	22,567
370744	SCRIPPS MERCY HOSPITAL	92103	90000074	Single Facility	22,521
370658	SCRIPPS MERCY HOSPITAL - CHULA VISTA	91910	90000074	Satellite Facility	10893
100793	SELMA COMMUNITY HOSPITAL	93662	40000102	Satellite Facility	2840
124004	SEMPERVIRENS P.H.F.	95501	MH1016003	Single Facility	427
321016	SENECA HEALTHCARE DISTRICT	96020	230000032	Single Facility	279
410891	SEQUOIA HOSPITAL	94062	220000045	Single Facility	10,029
410817	SETON MEDICAL CENTER	94015	220000026	Parent Facility	10,269
410828	SETON MEDICAL CENTER - COASTSIDE	94038	220000026	Satellite Facility	98
370693	SHARP CABRILLO HOSPITAL	92110	80000039	Satellite Facility	928
370875	SHARP CHULA VISTA MEDICAL CENTER	91911	90000008	Single Facility	16502
370689	SHARP CORONADO HOSPITAL AND HEALTHCARE CENT	92118	90000036	Parent Facility	2435
370695	SHARP MARY BIRCH HOSPITAL FOR WOMEN	92123	80000615	Single Facility	18,104
370694	SHARP MEMORIAL HOSPITAL	92123	80000039	Parent Facility	16,538
370745	SHARP MEMORIAL HOSPITAL D/P APH	92123	80000039	Satellite Facility	5223
374049	SHARP VISTA PACIFICA	92111	80000319	Single Facility	249
450940	SHASTA REGIONAL MEDICAL CENTER	96001	230000023	Single Facility	7,069
190708	SHERMAN OAKS HOSPITAL AND HEALTH CENTER	91403	930000149	Single Facility	5,027
190712	SHRINERS HOSPITAL FOR CHILDREN - L.A.	90020	930000150	Single Facility	1,493
344114	SHRINERS HOSPITALS FOR CHILDREN NORTHERN CALI	95817	30000620	Single Facility	1,299
100797	SIERRA KINGS DISTRICT HOSPITAL	93654	40000149	Single Facility	4,060
291023	SIERRA NEVADA MEMORIAL HOSPITAL	95945	230000152	Single Facility	7328
540798	SIERRA VIEW DISTRICT HOSPITAL	93257	120000584	Single Facility	10160
342392	SIERRA VISTA HOSPITAL	95823	30000290	Single Facility	2,805
400524	SIERRA VISTA REGIONAL MEDICAL CENTER	93405	50000059	Single Facility	7,580
560525	SIMI VALLEY HOSPITAL AND HEALTH CARE SVCS-SYCAI	93065	50000216	Parent Facility	6,408
491076	SONOMA VALLEY HOSPITAL	95476	110000072	Single Facility	2,433
551034	SONORA REGIONAL MEDICAL CENTER - FOREST	95370	30000094	Parent Facility	4,429
301337	SOUTH COAST MEDICAL CENTER	92677	60000171	Single Facility	5,871
141338	SOUTHERN INYO HOSPITAL	93545	240000205	Single Facility	86
334068	SOUTHWEST HEALTHCARE SYSTEM-MURRIETA	92362	250000262	Parent Facility	20,758
100899	ST. AGNES MEDICAL CENTER	93710	40000173	Single Facility	26,203
361339	ST. BERNARDINE MEDICAL CENTER	92404	240000206	Single Facility	18,309
521041	ST. ELIZABETH COMMUNITY HOSPITAL	96080	230000036	Single Facility	4,928
190754	ST. FRANCIS MEDICAL CENTER	90262	930000157	Single Facility	27,481
380960	ST. FRANCIS MEMORIAL HOSPITAL	94109	220000069	Single Facility	6,835
281078	ST. HELENA HOSPITAL	94576	110000073	Single Facility	4983
481015	ST. HELENA HOSPITAL CENTER FOR BEHAVIORAL HEAL	94590	110000042	Single Facility	2,059

See footnotes on last page

OSHPD ID Number	Parent Facility Name	Zip Code	DHS/DMH* License Number	Level of Data Aggregation**	Total Discharges
190756	ST. JOHN'S HOSPITAL AND HEALTH CENTER	90404	930000158	Single Facility	15,126
560508	ST. JOHN'S PLEASANT VALLEY HOSPITAL	93010	50000048	Single Facility	4,324
560529	ST. JOHN'S REGIONAL MEDICAL CENTER	93030	50000064	Single Facility	13,783
121080	ST. JOSEPH HOSPITAL - EUREKA	95501	110000075	Parent Facility	7,070
301340	ST. JOSEPH HOSPITAL - ORANGE	92868	60000172	Single Facility	26,411
392232	ST. JOSEPH'S BEHAVIORAL HEALTH CENTER	95204	30000367	Single Facility	1,545
391042	ST. JOSEPH'S MEDICAL CENTER OF STOCKTON	95204	30000284	Single Facility	19,954
301342	ST. JUDE MEDICAL CENTER	92635	60000173	Single Facility	17,300
434138	ST. LOUISE REGIONAL HOSPITAL - GILROY	95020	70000266	Single Facility	4,389
380964	ST. LUKE'S HOSPITAL	94110	220000070	Single Facility	6,824
190053	ST. MARY MEDICAL CENTER	90813	930000012	Single Facility	14,185
361343	ST. MARY REGIONAL MEDICAL CENTER	92307	240000207	Single Facility	14,766
380965	ST. MARY'S MEDICAL CENTER, SAN FRANCISCO	94117	220000071	Single Facility	7,617
010967	ST. ROSE HOSPITAL	94545	140000107	Single Facility	8,365
190762	ST. VINCENT MEDICAL CENTER	90057	930000161	Single Facility	10,453
430905	STANFORD HOSPITAL	94305	70000662	Single Facility	21,971
501016	STANISLAUS BEHAVIORAL HEALTH CENTER	95355	30000026	Satellite Facility	3,632
504038	STANISLAUS SURGICAL HOSPITAL	95355	30000695	Single Facility	1,441
194967	STAR VIEW ADOLESCENT - P H F	90505	MH2016029	Single Facility	64
364121	SUN HEALTH ROBERT H. BALLARD REHABILITATION HO	92411	240000502	Single Facility	802
250955	SURPRISE VALLEY COMMUNITY HOSPITAL	96104	230000025	Single Facility	72
034002	SUTTER AMADOR HOSPITAL	95642	30000008	Single Facility	2,984
310791	SUTTER AUBURN FAITH HOSPITAL	95603	30000012	Single Facility	4,949
344017	SUTTER CENTER FOR PSYCHIATRY	95826	30000347	Single Facility	2,243
084001	SUTTER COAST HOSPITAL	95531	110000067	Single Facility	3,049
574010	SUTTER DAVIS HOSPITAL	95616	30000124	Single Facility	4,595
070934	SUTTER DELTA MEDICAL CENTER	94509	140000258	Single Facility	6967
341051	SUTTER GENERAL HOSPITAL	95816	30000102	Parent Facility	11,459
171395	SUTTER LAKESIDE HOSPITAL	95453	110000094	Single Facility	2958
444012	SUTTER MATERNITY AND SURGERY CENTER OF SANTA	95065	70000399	Single Facility	2797
490919	SUTTER MEDICAL CENTER OF SANTA ROSA	95404	110000005	Parent Facility	9,985
341052	SUTTER MEMORIAL HOSPITAL	95819	30000102	Satellite Facility	22,996
311000	SUTTER ROSEVILLE MEDICAL CENTER	95661	30000083	Single Facility	16,308
481094	SUTTER SOLANO MEDICAL CENTER	94590	110000082	Single Facility	6,795
391056	SUTTER TRACY COMMUNITY HOSPITAL	95376	30000105	Single Facility	4,801
514001	SUTTER-YUBA PSYCHIATRIC HEALTH FACILITY	95991	MH1018015	Single Facility	386
291053	TAHOE FOREST HOSPITAL	96160	230000151	Single Facility	2,405
190782	TARZANA TREATMENT CENTER	91356	930000163	Single Facility	1,997
150808	TEHACHAPI HOSPITAL	93561	120000188	Single Facility	118
014207	TELECARE HERITAGE PSYCHIATRIC HEALTH FACILITY	94601	MH2016036	Parent Facility	330
314029	TELECARE PLACER COUNTY PSYCHIATRIC HEALTH FAC	95678	MH2016033	Single Facility	344
484028	TELECARE SOLANO PSYCHIATRIC HEALTH FACILITY	94533	MH2016026	Single Facility	616
190784	TEMPLE COMMUNITY HOSPITAL	90004	930000164	Single Facility	3,026
564121	THOUSAND OAKS SURGICAL HOSPITAL	91361	50000596	Parent Facility	510
010782	THUNDER ROAD CHEMICAL DEPENDENCY RECOVERY H	94609	140000272	Single Facility	229
191225	TOM REDGATE MEMORIAL RECOVERY CENTER	90813	930000272	Single Facility	763
190422	TORRANCE MEMORIAL MEDICAL CENTER	90505	930000076	Single Facility	27,216
370780	TRI-CITY MEDICAL CENTER	92056	80000099	Single Facility	21,215
190159	TRI-CITY REGIONAL MEDICAL CENTER	90716	930000030	Single Facility	2950
531059	TRINITY HOSPITAL	96093	230000038	Single Facility	466
540816	TULARE DISTRICT HOSPITAL	93274	120000585	Single Facility	6616
551061	TUOLUMNE GENERAL HOSPITAL	95370	30000107	Single Facility	1,907
301357	TUSTIN HOSPITAL MEDICAL CENTER	92680	60000178	Single Facility	2074
400548	TWIN CITIES COMMUNITY HOSPITAL	93465	50000078	Single Facility	5423

OSHPD ID Number	Parent Facility Name	Zip Code	DHS/DMH* License Number	Level of Data Aggregation**	Total Discharges
190796	UCLA MEDICAL CENTER	90095	930000165	Single Facility	28,025
190930	UCLA NEUROPSYCHIATRIC HOSPITAL	90024	930000204	Single Facility	2,066
381154	UCSF MEDICAL CENTER	94122	220000091	Parent Facility	28,595
231396	UKIAH VALLEY MEDICAL CENTER/HOSPITAL DRIVE	95482	110000095	Parent Facility	4630
370787	UNIVERSITY COMMUNITY MEDICAL CENTER	92105	90000105	Single Facility	3,006
100822	UNIVERSITY MEDICAL CENTER	93702	40000096	Satellite Facility	9,919
341006	UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER	95817	30000086	Single Facility	29,712
301279	UNIVERSITY OF CALIFORNIA IRVINE MEDICAL CENTER	92668	60000148	Single Facility	18,627
370782	UNIVERSITY OF CALIF-SAN DIEGO MEDICAL CENTER	92103	90000101	Parent Facility	22,796
191216	USC KENNETH NORRIS, JR. CANCER HOSPITAL	90033	930000267	Single Facility	2,722
194219	USC UNIVERSITY HOSPITAL	90033	930000459	Parent Facility	8,468
010983	VALLEY MEMORIAL HOSPITAL - LIVERMORE	94550	140000114	Parent Facility	9,669
190812	VALLEY PRESBYTERIAN HOSPITAL	91405	930000170	Single Facility	17,609
560481	VENTURA COUNTY MEDICAL CENTER	93003	50000032	Single Facility	12,909
190818	VERDUGO HILLS HOSPITAL	91208	930000173	Single Facility	7,107
361370	VICTOR VALLEY COMMUNITY HOSPITAL	92392	240000218	Single Facility	7,520
190049	VISTA SPECIALTY HOSPITAL OF SAN GABRIEL VALLEY	91706	930000390	Single Facility	525
010987	WASHINGTON HOSPITAL - FREMONT	94538	140000116	Single Facility	17,960
444013	WATSONVILLE COMMUNITY HOSPITAL	95076	70000097	Single Facility	7,503
301379	WEST ANAHEIM MEDICAL CENTER	92804	60000182	Single Facility	7,772
190859	WEST HILLS HOSPITAL AND MEDICAL CENTER	91307	930000189	Single Facility	9123
301566	WESTERN MEDICAL CENTER - SANTA ANA	92705	60000188	Single Facility	16,131
301188	WESTERN MEDICAL CENTER HOSPITAL - ANAHEIM	92805	60000117	Single Facility	9,140
190878	WHITE MEMORIAL MEDICAL CENTER	90033	930000195	Single Facility	20,225
190883	WHITTIER HOSPITAL MEDICAL CENTER	90605	930000402	Single Facility	10,396
571086	WOODLAND MEMORIAL HOSPITAL	95695	30000115	Single Facility	4542

* Most health facilities in California are licensed by the California Department of Health Services (DHS). Also included in the OSHPD hospital database are Psychiatric Health Facilities (PHFs), licensed by the California Department of Mental Health.

** Single facilities report only their own discharges--not those of any other facility location.

Every Satellite facility reports discharges separately from its Parent facility, which is identifiable by the same license number.

Almost every Parent facility either has a corresponding Satellite facility, or it reports discharges from more than one location, or both. A small minority of 'Parents' are the only facility on the license--the equivalent of a Single facility. To determine which facilities are included in the Parent facility's discharges, go to the OSHPD ALIRTS system on the internet: www.alirts.oshpd.ca.gov. Enter the DHS/DMH license number (or facility name or OSHPD ID #) in the search dialogue box and click "search." At the next screen, click on the "View License" text link in the far right column. Make sure none of the non-Parent facilities under that license are Satellite facilities in this listing that report separately. The addresses, beds, and services for each location will be displayed (but the discharges cannot be distinguished by location).

Since the mid-1980s, a licensed hospital can have an unlimited number of formerly free-standing licensed facilities included on one license. This allows sets of free-standing, licensed hospitals (and some nursing homes) to be merged onto a single hospital license, and is known as consolidated licensure. To qualify for consolidated licensure, the facilities must meet certain conditions, including being under common ownership, having common medical staff and being within 15 miles of each other. Consolidated hospitals can choose to report their discharges separately (by location), or in one set as a consolidated entity. Also, they can choose to un-consolidate to separately licensed facilities at any time.

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
PATIENT DISCHARGE DATA PROGRAM
MANUAL ABSTRACT REPORTING FORM
For use with discharges on 1/1/99 and after

APPENDIX G

Instructions: For a description of the data elements, refer to the appropriate section of Discharge Data Regulations
(Sections 97210 through 97239, Title 22, California Code of Regulations).

1. TYPE OF CARE

1 Acute   5 Chem Dep
3 SN/IC   6 Physical Rehab
4 Psychiatric

1a. HOSPITAL NUMBER

17. ABSTRACT RECORD NUMBER (Optional)

2. DATE OF BIRTH

Month   *Day*   *Year (4 - Digit)*

20. PATIENT'S SOCIAL SECURITY NUMBER

(000 00 0001 If not recorded in the medical record)

3. SEX

1 Male   3 Other
2 Female   4 Unknown

4. RACE:

ETHNICITY

1 Hispanic
2 Non-Hispanic
3 Unknown

RACE

1 White   4 Asian/Pacific
2 Black   Islander
3 Native American/   5 Other
   Eskimo/Aleut   6 Unknown

5. ZIP CODE

6. ADMISSION DATE

Month   *Day*   *Year (4 - Digit)*

9. DISCHARGE DATE

Month   *Day*   *Year (4 - Digit)*

16. TOTAL CHARGES

(Report whole dollars only, right justified)

7. SOURCE OF ADMISSION:

SITE

1 Home   6 Other Inpatient
2 Residential   Hospital Care
   Care Facility 7 Newborn
3 Ambulatory   8 Prison/Jail
   Surgery   9 Other
4 SN/IC
5 Acute Inpatient Hospital Care

LICENSURE OF SITE

1 This Hospital
2 Another
   Hospital
3 Not a
   Hospital

ROUTE

1 Your ER
2 Not Your ER
   (or no ER)

8. TYPE OF ADMISSION

1 Scheduled
2 Unscheduled
3 Infant, under 24 hrs old
4 Unknown

15. EXPECTED SOURCE OF PAYMENT:

PAYER CATEGORY

01 Medicare   06 Other Government
02 Medi-Cal   07 Other Indigent
03 Private Coverage   08 Self Pay
04 Workers'   09 Other Payer
   Compensation
05 County Indigent Programs

TYPE OF COVERAGE

1 Managed Care -
   Knox - Keene/
   MCOHS
2 Managed Care - Other
3 Traditional Coverage

NAME OF PLAN

(0001 - 9999 Plan Code Number)

14. DISPOSITION OF PATIENT:

01 Routine (Home)   07 SN/IC
Within This Hospital   08 Residential Care Facility
02 Acute Care   09 Prison/Jail
03 Other Care   10 Against Medical Advice
04 SN/IC   11 Died
To Another Hospital   12 Home Health Service
05 Acute Care   13 Other
06 Other Care (Not SN/IC)

21. PREHOSPITAL CARE AND RESUSCITATION

DNR orders at admission or
within 24 hrs of admission

Y = Yes
N = No

E - CODES:

18. PRINCIPAL   E

E

E

19. OTHER

E

E

E

APPENDIX G

10. PRINCIPAL DIAGNOSIS

CODE

10a. PRESENT AT ADMISSION

Y = Yes
N = No
U = Uncertain

11. OTHER DIAGNOSES

11a. PRESENT AT ADMISSION

a.
b.
c.
d.
e.
f.
g.
h.
i.
j.
k.
l.
m.
n.
o.
p.
q.
r.
s.
t.
u.
v.
w.
x.

12. PRINCIPAL PROCEDURE

CODE

DATE

Month *Day* *Year (4 - Digit)*

13. OTHER PROCEDURES

a.
b.
c.
d.
e.
f.
g.
h.
i.
j.
k.
l.
m.
n.
o.
p.
q.
r.
s.
t.

Month *Day* *Year (4 - Digit)*

		Recommended/ **Required (in-bold)** Field Format	**Maximum Characters**
	APPENDIX H Data Fields Public 2005 Patient Discharge Data on CD-ROM		
Field Label	**Field Name**		
OSHPD_ID	Hospital Identification Number (2 digit county, 4 digit unique)	Text	6
TYP_CARE	Type of Care (formerly Level of Care)	Text	1
AGE_YRS	Age in Years	Numeric	3
AGECAT20	Age (20 Categories)	Text	2
AGECAT5	Age (5 Categories)	Text	1
SEX	Sex	Text	1
ETHNCTY	Ethnicity	Text	1
RACE	Race	Text	1
PATZIP	Patient ZIP Code (5 or 3 digits)	Text	5
PATCNTY	Patient's County of Residence	Text	2
LOS	Length of Stay	Numeric	5
ADM_QTR	Admission Quarter	Text	1
ADM_YR	Admission Year	Text	4
ADM_SRC	Source of Admission	Text	3
ADM_TYPE	Type of Admission	Text	1
DISP	Disposition of Patient	Text	2
DNR	Prehospital Care and Resuscitation (DNR)	Text	1
PAY_CAT	Expected Payer Source - Category	Text	2
PAY_TYPE	Expected Payer Source - Type of Coverage	Text	1
PAY_PLAN	Expected Payer Source - Payment Plan Code Number	Text	4
CHARGE	Total Charges	Numeric	7
ECODE_P	Principal E-Code - External Cause of Injury	**Text**	5
ECODE1	Other E-Code #1 - External Cause of Injury	**Text**	5
ECODE2	Other E-Code #2 - External Cause of Injury	**Text**	5
ECODE3	Other E-Code #3 - External Cause of Injury	**Text**	5
ECODE4	Other E-Code #4 - External Cause of Injury	**Text**	5
MDC	MDC (Major Diagnostic Catergory)	Text	2
DRG	DRG (Diagnosis Related Group)	Text	3
DIAG_P	Principal Diagnosis	**Text**	5
CPOA_P	Condition Present at Admission for Principal Diagnosis	Text	1
PROC_P	Principal Procedure	**Text**	4
PROC_PDY	Days From Admission to Principal Procedure	Numeric	4
ODIAG1 TO ODIAG 24	Other Diagnosis #1 through #24	**Text**	5
CPOA1 TO CPOA24	Condition Present at Admission for Other Diagnosis #1 through #24	Text	1
OPROC1 TO OPROC20	Other Procedure #1 through #20	**Text**	4
PROCDY1 TO PROCDY20	Days From Admission to Other Procedure #1 through #20	Numeric	4

2005 Plan Codes - Expected Source of Payment

Table 1 - Knox-Keene Licensed Plans and Plan Code Numbers	
Plan Code Numbers	**Plan Code Names**
0000	Plan Code not applicable
0296	AET Health Care Plan Of California
0176	Aetna Health Plans of California, Inc.
0328	Alameda Alliance for Health
0322	American Family Care
0397	Avante Behavioral Health Plan
0303	Blue Cross of California
0043	Blue Shield of California
0352	Brown and Toland Medical Group
0394	Caloptima (Orange County)
0326	Care 1st Health Plan
0408	CareMore Insurance Services, Inc.
0401	Central Coast Alliance For Health (Santa Cruz County/Montery County)
0404	Central Health Plan
0278	Chinese Community Health Plan
0298	Cigna Behaviorial Health of California
0152	Cigna HealthCare of California, Inc.
0200	Community Health Group
0248	Community Health Plan (County of Los Angeles)
0054	Contra Costa Health Plan
0325	Great-West Healthcare of California, Inc.
0292	HAI, Hai-Ca
0300	Health Net of California, Inc.
0126	Health Plan of America (HPA)
0358	Health Plan Of San Mateo
0159	Health Plan of the Redwoods
0357	Heritage Provider Network, Inc.
0231	Holman Professional Counseling Centers
0346	Inland Empire Health Plan (IEHP)
0151	Inter Valley Health Plan
0055	Kaiser Foundation Health Plan, Inc.
0335	Kern Health Systems Inc
0355	LA Care Health Plan
0142	Lifeguard, Inc.
0196	Managed Health Network
0288	MBC of California
0288	Merit Behaviorial Care of California, Inc. (MBC)
0322	Molina Healthcare of California
0385	On Lok Senior Health Services
0325	One Health Plan of California Inc.
0301	PacifiCare Behaviorial Health of California
0126	PacifiCare of California
0367	Primecare Medical Network, Inc.
0380	ProMed Health Care Administrators
0349	San Francisco Health Plan

Table 1 - Knox-Keene Licensed Plans and Plan Code Numbers	
Plan Code Numbers	**Plan Code Names**
0400	Santa Barbara Regional Health Authority
0351	Santa Clara Family Health Plan
0236	Santa Clara Valley Medical Center
0212	SCAN Health Plan
0377	Scripps Clinic Health Plan Services, Inc.
0126	Secure Horizons
0310	Sharp Health Plan
0212	Smartcare Health Plan
0338	The Health Plan of San Joaquin
0324	Tower Health Service
0259	U.S. Behavioral Health Plan, California
0266	UHC Healthcare
0008	UHP Healthcare
0209	Universal Care
0236	Valley Health Plan
0293	Value Behavioral Health of California, Inc.
0293	ValueOptions of California, Inc.
0344	Ventura County Health Care Plan
0102	Vista Behaviorial Health Plan
0348	Western Health Advantage
8000	Other HMO

Table 2. Medi-Cal County Organized Health Systems and Plan Code Numbers	
Plan Code Numbers	**Name of Medi-Cal County Organized Health System**
0000	Plan Code not applicable
9030	Cal Optima (Orange County)
9044	Central Coast Alliance for Health (Santa Cruz County)
9041	Health Plan of San Mateo (San Mateo County)
9042	Santa Barbara Health Authority (Santa Barbara County)
9048	Solano Partnership Health Plan (Solano County)

Related Plans: If the plan code numbers are the same and the plan names are different, it means they belong to same "parent" plan.